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Proceedings of the Fourth Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses, Held in the Residence of the Hospital for Sick Children, College Street, Toronto, May 23rd and 25th, 1910.

MONDAY, MAY 23RD, 1910.

3 O'clock p.m.

The meeting was called to order by the President, Miss L. C. Brent.

INVOCATION—REV. MR. OWEN.

Oh, God, forasmuch as without Thee we are not able to please Thee, mercifully grant that Thy Holy Spirit may in this meeting and in all our work direct and rule our hearts through Jesus Christ our Lord. Amen.

God who did teach the hearts of Thy faithful people of old by sending to them the light of Thy Holy Spirit grant us by that same Spirit to have a right judgment in all things and for ever to rejoice in His holy comfort through Jesus Christ our Lord. Amen.

Almighty and merciful God grant, we beseech Thee, we may so faithfully serve Thee in this life by serving our fellow creatures that we may finally attain unto everlasting life through Jesus Christ our Lord. Amen.

Oh Lord God, our Heavenly Father in whom we live and move and have our being, give us grace to know Thee better and through Thy power to serve our fellow-men. Give us Thy blessing. Pour upon us Thy Holy Spirit. We ask it in the name and for the sake of Jesus Christ, the Saviour of the world. Amen.

The President—I will now call upon Alderman Maguire, who has kindly come to take the place of his Worship the Mayor, who was called to England to attend the funeral of our beloved sovereign, King Edward VII.

Ald. Maguire—Madame President, Ladies and Gentlemen—It affords me very great pleasure indeed to have the honor to come this afternoon to say a few words to such an important gathering. You have done a great work in the past and no doubt you will do a great work in the future. This is the first time I have had the pleasure of attending any convention in this beautiful building, a building that was erected by one of our citizens, practically speaking, one of our citizens that we all know and that we all love so well.

Now, on behalf of his Worship the Mayor, whom you all know is attending the funeral of his late Majesty the King, and also on behalf of the Acting Mayor, Mr. Ward, who is detained to-day on account of a Council meeting, it affords me very great pleasure indeed to welcome you ladies to our city, and I hope and trust you may have a pleasant visit, and anything the Corporation can do to furnish you with any information while you are here it will only be a pleasure indeed for it to do. I thank you, Madame President. (Applause.)

JOHN ROSS ROBERTSON'S WELCOME.

The President—We will now call upon Mr. John Ross Robertson, President of the Hospital Board, to give you his welcome to the building and to the city.

Mr. Robertson—Miss Brent, Ladies and Gentlemen—There is perhaps no association that I could be possibly asked to welcome that would give me more pleasure than this association, and it gives me a great deal of pleasure to stand here and say a word or two to this, the Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses. My relations with the Superintendents of Nurses have been of not only an individual but a general character. From the evidence presented in New York the other day at the Academy of Medicine when, at the request of Miss Nutting, the President, I was asked to speak a few words in connection with "The Child in the Hospital," a paper that had been read by Sister Amy, of Boston, I felt that I was known to all the nurses of that Association; there were 300 there; I think perhaps there may have been another two or three hundred that were not there, but from correspondence and conversation I am under the impression I am pretty well known all over the United States, and although I have not the pleasure of knowing so many of our Canadian Superintendents, yet I know a large number, especially those in the large hospitals of the larger cities of the Dominion.

Now, Alderman Maguire has welcomed you on behalf of his Worship the Mayor and the Corporation of Toronto, and I am called upon to welcome you on behalf of the Hospital Trust and as Chairman of the Trustees of the Hospital for Sick Children, the only hospital for sick children in the Dominion, I welcome you, and I do so from at least one grand motive, and that is this, that the trustees of this hospital have always taken the greatest possible amount of interest not only in the work but in the care of the nurses in our institution. Mr. Maguire has been good enough to refer to this residence, to this home for nurses. Well, when I look through the long lane of years that precedes 1910, and when I recall the old General Hospital on King Street at John Street, where the Arlington Hotel is situated—that was the first General Hospital—and see the nurses who looked after the patients in those days, for I was born within a thousand feet of the old General Hospital, I say when I look back and recall the nurses that I frequently saw in my passing up and down the street, and sometimes in the hospital, for the steward's son was a playmate of mine at Upper Canada College, I wonder if the nurses and superintendents of to-day would be able to identify (they certainly could not from all external appearance) these women, good and all as they were, as nurses in the modern sense of the term. Then again, I don't think there were any uniforms worn in the early days of the General Hospital, and even in the later days, in the fifties, before a lady superintendent was appointed, if I remember rightly, a black skirt and a white blouse was about the limit in the uniform worn. Of course, in those days, up to the early forties, there was no General Superintendent. The first Medical Superintendent was Dr. Gardner, and he was succeeded by Dr. Hampton, who was familiarly known to everybody as "Billy Hampton," and then came the later days when the General Hospital had a Lady Superintendent of Nursing and a Training School, so that the progress from the early days, from 1817, when the General Hospital was started, down to the present time, has been one of constant and very drastic improvement.

The benefits of organization, such as this organization of Superintendents meeting here to-day, is perhaps a feature that has led to the bettering of the conditions of nurses in every hospital in this Dominion, especially in Ontario. Of course in other of the provinces they have their organizations, similar organizations. But, I say, that organization, it seems to me, is the only way that you can get progress either in the work of organization or in the work that is subordinate to the organization, that is the work of nursing. Of course, we know during the past two or three years there has been a large amount of discussion as to the education of nurses. You go over to the other side—I go frequently there with Miss Brent, perhaps once or twice a year, to various meetings and we hear about the education of nurses as if the highest aim of the superintendents of training schools was to educate the nurses, and that education rather than the care of the patient was the keynote that was sounded in every school in the United States. Now, in England it is different. They rather prefer the care of the patient, while there is a certain amount of education; and while in the one case—in the case of the training schools of the United States—they go to the extreme, there can be no doubt about it that the education and training of the nurses and the better care of the patients should go hand in hand; neither can be cultivated by itself; it must be the cultivation of the hand and head, and with this unity of purpose in view there certainly will be a better class of nurses, not only in the large cities, but in the smaller cities and smaller towns of Canada, and also in the United States where now hospitals are being founded.

Now, I have always recognized the utility of meetings of this character. For instance, last week I had the pleasure of sitting for three days with Miss Brent in the American Association that met in the Academy of Medicine, and I want to say that from the opening of the meeting on Monday till the closing of the meeting on Friday—and I was there every day with the exception of Tuesday, when there was no meeting—

I listened with a great deal of attention to the papers that were read, and there were some most excellent papers read, and the discussions showed that the 300 superintendents (and there were 300 there) were deeply interested in the papers that were read, and there is no doubt that these discussions are most profitable. I was glad Miss Brent had an opportunity in "The Child in the Hospital" to give a very excellent address on the subject. I talked for a few minutes. I felt very much impressed with the impression that these papers, this paper in particular, had made upon the minds of the attending delegates.

Then again another association we go to is the Hospital Superintendents Association, the last time at Washington. We were there four days. We sat from ten till five, with an intermission of an hour for lunch, and it was one of the most interesting meetings that I ever attended. I am sure—at least Miss Brent says so—we came away after having obtained a great many good points that would be helpful in the work in our own institution. I certainly was benefited because I heard hospital matters discussed from the business standpoint, a standpoint that is interesting to me, because this hospital, while it is for the care of the sick, is a business proposition. It is a business proposition from first to last. Unless the business end of the equipment is all right the other end can't possibly get along. That is the reason that we have to struggle year after year, as you know from the appeals I make every Christmas, to gather in the thirty or forty thousand dollars that we are always short of at the end of the year when we come to make up our accounts in order to carry on the work of the hospital successfully.

I don't know that I can say any more. I am glad to have the privilege of standing here and speaking to you, and I know that your deliberations will be most profitable to all concerned, and I am sure that when the printed report containing the papers and discussions is circulated among the nurses and superintendents who have not the privilege of being here it will be most valuable information, information that will be highly prized by every superintendent in the Association. I thank you. (Applause.)

The President—I will call upon Miss Stanley, of Victoria Hospital, London, to reply to the addresses of welcome.

Miss Stanley—Madame President, Mr. Robertson, Ald. Maguire, and Ladies—It gives me very great pleasure to extend to these gentlemen the appreciation of the Canadian Society of Nurses for their kindly words of welcome from the City of Toronto and for the gracious words of encouragement from the chairman of the Board of Trustees of the Sick Children's Hospital. We do not need just that to bring us to Toronto at any time, but when that is added with all the other honors of Toronto we feel justly proud, and I wish to convey to you each and all the appreciation of the Canadian Society of Superintendents. (Applause.)

PRESIDENT'S ADDRESS.

The President—I believe the next thing on the programme is the address of the President.

It is not my purpose to-day to weary you with much speaking. I wish, however, to add my voice to the words of welcome you have already heard from our kind friend, Mr. J. Ross Robertson, the President of the Board of Trustees of the Hospital for Sick Children, and Alderman Maguire, who on behalf of the Mayor has extended to us the city's greeting.

The officers and Council have tried to prepare a programme that will interest and perchance help us all in the efforts we are making in our work of caring for the sick and suffering intrusted to us, and also by precept and example to train our nurses, not only to care for the sick, but by their constant devotion to duty always to stand for what is noblest and best, and so spread their influence for good throughout the world.

I must now speak of the great loss our Society, in common with the rest of the profession, has sustained in the death of Mrs. Robb, one of the best known and most highly respected members of our profession. Also must we mourn with our English sisters in the loss sustained by them in the death of Miss Isla Stewart, Superintendant of St. Bartholomew's Hospital. Those of us who were fortunate enough to meet her last summer will long remember her ability, dignity, and gracious presence. In coming nearer home we also have to mourn the sudden calling away of one of our own Society, Mrs. House, our efficient Secretary. These all have been taken in the midst of their work, and are deeply regretted. We will hear later of Mrs. House's life work from one of her graduates, a member of this Society.

Not wishing to take up more of your time, I will now declare this meeting open for business.

The Secretary, Miss Scott, read the list of applications for membership.

The Secretary—Madame President—According to the Constitution, third clause of Article 2 of the By-laws, the following are the names that have been proposed by the Council:

Also these names to be transferred:

The President—You have heard the names as read by the Secretary. These have been passed by the Council. The last three of those new names were for associate members. As you understand, night supervisors and operating room nurses can only be

associate members for the time being, but your Council has passed upon those and it now rests with the Society to vote on them, if some one would kindly move that they be accepted.

Miss Robinson moved, seconded by Miss Mackenzie, that these members be accepted by the Society and passed upon.—Carried.

The President—Thirteen new members and 16 transfers; that seems to be rather a good showing for one year. We hope to add a great many to that from time to time.

The next item on the programme is the appointment of the Nominating Committee. The chair has always the privilege of appointing this Nominating Committee so I would like if Miss Maloney, of Jeffrey Hale Hospital, Quebec; Miss Morton, of the General Marine Hospital, Collingwood, and Miss Rogers, of the General Hospital, Niagara Falls, would act as the Nominating Committee.

Miss Robinson, of Galt, and Miss Blakely, of Yorkton, Sask., will act as Scrutineers.

We have had invitations to hold our next annual meeting at Niagara Falls, Ont., and from Gravenhurst. I met the Superintendent of the new Minnewaska in New York last week and she said, while it was not a very wildly exciting place to visit, they would try to make it as interesting for us as possible. I am quite sure that at either place we would receive a very warm welcome and everything would be done for our enjoyment. I mention these invitations for the reason that the officers could be chosen somewhat in connection with these places.

At the request of the President the Secretary read the letters of invitation received from Niagara Falls and Gravenhurst.

The President—I am sorry to say that Mrs. Huestis, the President of the Women's Local Council, is ill.

To-morrow, at the meeting of the Ontario Graduate Nurses' Association, Miss Rogers, who has been made Inspector of School Nurses in Toronto, will give you her talk on that subject, so we will now leave this question.

I may say last year a committee was formed to look into the question of Social Purity. Your committee found it was impossible to do very much along that line. All we could do as Hospital Superintendents was to try to bring the matter to our nurses' attention, which we did by having a series of lectures in quite a number of cases, so that we thought we could not do better as a committee than ask Dr. Jennie Gray, who has taken a great deal of interest in that matter, to speak to us to-day. Dr. Jennie Gray unfortunately has not been able to attend and Miss Fotheringham has very kindly consented to read Dr. Jennie Gray's paper, so I would now call her.

PURITY EDUCATION.

Miss Fotheringham—Madame President and Ladies—I am very sorry Dr. Gray is not here because she could talk to you a great deal better than reading. However, as that is not possible, I will do my best.

At the mention of Purity Education it is a very noticeable thing that many people look displeased and begin to draw themselves together much as the sensitive plant does when touched, or to retire under a cover of reserve as the turtle draws head and claws under its shell at the approach of danger.

At the outset, let us analyze this thing: Purity Education means the leading out of thought into God's beautiful, wonderful, creating world. It is the study of the highest and the most far-reaching, and the most scientific work of God. We live in a world kept sweet and beautiful through the ever working principle of recreation. Every blade of grass, every flower, every tree, every living thing comes to the world through the working out of God's one great plan for replenishing the earth. Sex is present in every organic creation. Therefore, as it is the plan of the All Wise One it must be good, and, if good, why does the human mind shrink at the thought of its consideration?

I believe there is only one answer to this question. The world thought on the question of sex and reproduction is evil and impure. No one can live many years without consciously or unconsciously feeling the world's thought on this subject. The pure in heart, at the approach of a subject which they have only as yet had presented from the evil world's standpoint, naturally shrink back from it and seek to pass by on the other side.

But, take the little child whose mind is clean, clear and unbiased by the world's thought, and in a wise way unfold this subject and you will find it received naturally and easily, and the beauty and utility of the plan perceived in a way worthy of a more developed mind.

But, why teach anything about it? Why not leave the child of to-day in ignorance of life truths as were those of yesterday?

Are we satisfied with the results of the old plan? This, as we all know, left the child in utter ignorance as to the origin of the new life which he found constantly springing up around him. Being a reasoning being, he thought and wondered and conjectured, but if he asked a question he was told he must not ask such questions. It "wasn't nice" and "no good little boy or child thought about such things." If a stream is dammed

back in one place it soon finds an outlet elsewhere. So is the child's curiosity and investigation tendency. If it has gotten an idea it will pursue it even unto knowledge.

"My father won't tell me. I'll ask John, the stableman," gives a fair statement of the condition. Also the view of life problems which the boy will inevitably receive from "John, the stableman," or "the other boy" will "be of the earth earthly" and will establish the thought already given by the parents' reticence, that the whole subject is of evil.

"A curiosity satisfied, dies."

Does the extensive study now undertaken in our Agricultuarl Colleges, and by individuals, of plant and animal life have any suggestion for us for the human individual?

In this land of freedom of thought, of churches, of education, what is the record as to race improvement?

Look at papers to-day. They are full of reports of trials for the most hateful sins known. Sift them down to cause, and in almost every case the breaking of the seventh Commandment lies at or near the beginning of the trouble. Look at the advertisements in the daily papers of remedies for various forms of sickness. What is the reason of so much disease that supports such advertising? The breaking of the laws of nature, and the breaking of the moral law produces this harvest. It costs the country a large outlay in actual cash alone, which is the least effect on national and industrial life.

There is no question about it—every human creature is ever seeking "good." His view of what is good must depend on what he knows.

If you want a cake made you want some one who knows the laws of cake-making. If you want a dress made you look for one who knows about cutting, fitting, style, etc. These individuals are trained for years before they have earned to be trusted with your good material. Yet we have been in the habit of teaching children as a preparation for their life work, geography, history, arithmetic, music, and many other good things, and having done so, they are graduated or prepared for the beginning of independent work.

The mind has been trained, but when at the age of fourteen the law says a child may leave school and go to work, what has it usually been taught of the laws of its body? The majority will not use half of what has been taught them in school, in after life, but all must eat and drink and play, most of them in due time will marry and become fathers and mothers. Now, it is just here that the weakness in our educational system lies (which in the long run means the greatest weakness to our nation), and it is here our subject of Purity Education comes in. Knowledge is power—the lack of it is often destruction.

What would we teach?

First, by simple botany lessons illustrated by flowers, fruit, etc., teach God's plan for the constant renewal of beauty and fruitfulness in the world. Then go on to fish and bird, and so on to the highest form of creation—man. In this way, scientifically, simply, beautifully, teach God's life truths. A child respects truth. It has a right to know that what it is making of itself as it grows is a matter of vital importance to its possible future child. That the habits of body and mind that it is forming are what it will pass on to the next generation. The great responsibility of the trust should be made plain, and then should follow the laws for preserving the body in health, with regard to food, exercise, the use of water both internally and externally; the duty of refraining from poisoning or weakening the body by the use of alcohol or tobacco. This can be made clear on the ground of the requirement—"Do justly"—as it would be manifestly unfair and unjust to pass on anything less than the best in the power of the individual to give.

Is there need for a change in the manner of treating this subject? Ask the wide awake mothers on any street or in any town. The day is past when it is safe to leave a child in ignorance of its real origin. "Ignorance is not innocence" (of some of the evils things to be absolutely avoided). Temptations and teaching may come from the most unexpected sources. It has been decided by those who have watched both methods tried, that knowledge, purely and wisely given, is the only shield to be trusted, and that there is nothing to fear in a child having a right knowledge of itself, and in telling it early that it may know the responsibilities that shall devolve upon it. Parents and teachers must inform themselves by right study of the subject what to do and teach.

The highest patriotism demands this teaching. Its whole trend is to develop self-respect, self-control, and reverence for God.

If a child has been given first a knowledge of life ruths—of the powers of heredity and of the wonders of parental influences. Secondly, a knowledge of how to make and keep the body strong and clean and fit, one cannot think of that child hurting its body by the use of alcohol or tobacco, or wrong indulgences of any kind. It couldn't do it without hearing the accusing voice of a little child, its child, and let me tell you a child is wonderfully open to this form of appeal.

On the contrary, look at the condition of the child boy or girl left in ignorance. Temptation comes and is dressed by its promoters in very attractive garb, so as to look attractive and harmless to the unsuspecting. Take the many cases of girl lives ruined because they "didn't know." Does the law protect these innocents? The villains who

are their undoing know all right and manage so as to protect themselves because the unsuspecting victim consents. Consents to what? Trustful, igorant, unsuspecting poor child! She suspects not any more than the fly till it is caught in the spider's web. And our system is to turn our girls and boys of fourteen out into workroom and factory and store to thread the spider's web of temptation, to rub shoulders with all sorts of evil, and that without knowledge or guide to guard themselves. How we would rise up in virtuous wrath at starting a child to find its way alone through a forest inhabited by wild beasts. The "beast" that ranges free in our land is more dangerous by far than any normal forest animal.

What are the results of right teaching of life truths as far as we know—good? Of course they are good, splendidly good. The mother that confides in her boy and keeps his confidence has him for life, and makes a good man of him, and a good husband and father and citizen, and is a patriot of the highest kind. The mother that teaches her girl properly, makes and keeps happiness three times at least for herself, for her daughter, and for those who shall come after them.

You who are present are teachers of nurses who shall be in homes, in the heart of the family, and entrusted with family secrets and family difficulties. They will have perfectly splendid chances of helping the mothers and the children. If you would rise to the height of your opportunities, first, study the question carefully yourselves, get the great thought clearly and beautifully, and then see that you pass it on to every nurse that graduates from your hospital. Also have on your shelves suitable literature for helping this study, and let every nurse be provided with a few small books on this subject that she may loan. Teaching truth—"Child Confidence Rewarded," "What a Young Girl Ought to Know," etc., or some of the little booklets of the Canadian Purity Educational Association, would be sufficient.

This is the great crying need of to-day. Let us rise up and meet it to the best of our ability, and the next generation—a clean, strong, pre-natally well trained throng—will rise up and call us blessed.

The reading of the paper was greeted with applause.

The President—This is a very valuable paper by Dr. Jennie Gray which Miss Fotheringham has read. If any of you would like to discuss this question or make any remarks upon the paper it is now in order for you to do so. Possibly it is a paper that we all feel very deeply about, that we are not yet prepared to discuss, and perhaps later we may feel inclined to do so.

IN MEMORIAM.

I will now call upon Miss Edgar to read her article about Mrs. House.

Since the opening of this year, 1910, the nursing profession has lost from its ranks by death some of its best known and most devoted workers.

English associations will miss the wise counsel and leadership of Miss Isla Stewart, whose name has been long connected with St. Bartholomew's Hospital and whose influence has been felt beyond her native land.

American nursing circles suffered a great loss in the tragic ending of the life of Mrs. Hampton Robb, a name known to all and honored everywhere.

Our own Canadian Superintendents' Association misses to-day the face of Mrs. House, its late Secretary, whose sudden death on March 10th came as a shock to all its members.

In the prime of life, apparently in the vigor of health, in the midst of her daily round of duty, without a moment's warning, death claimed her. We are the poorer for her loss, but the richer for having known her and having felt her influence. The Society loses an interested worker and the Hamilton City Hospital a capable head.

Mrs. House was always proud to be known as a graduate of the Boston City Hospital, where she received her diploma as Mary McLaren with the class of 1898, having evidently shown ability in her work as a position on their staff was then offered her.

But, after a short rest at home, she accepted the position of Assistant Superintendent of Grace Hospital, Detroit. Here her worth was recognized, as after a short stay in St. Paul, Minn., she was recalled to Detroit as Matron of the same hospital, remaining till the time of her marriage to Dr. F. C. House in 1903. Her early married life was spent in Canton, Ohio, where she was able to keep up her hospital interest through her husband's practice. All too soon the home life was saddened by the long continued illness of Dr. House, and while regaining his health Mrs. House undertook active work again in the Hamilton City Hospital. During the five years of life there she gave great satisfaction to all and was loved by those in training with her. Her death has left a great blank, her place being hard to fill as she undertook more than most attempt single handed.

Death just at this particular time seemed the sadder as her plans had been completed to give up the active public life and return to the quiet of her home. Her prospects seemed so bright, but it was ruled otherwise. Strong in physique, quiet and self-controlled in manner, of kindly disposition, she governed with ease. Pre-eminently she was a woman of tact and in all the departments of her work had the confidence of those working under her, inspiring each to give her best service. She had a high ideal of her profession, knowing that development of character was the chief part of the training, and few things hurt her more than to know that any nurse had lowered the standard by dishonest work

or unseemly conduct. Always kindly among the patients, her own trials making her more sympathetic with the sick, she was welcomed on her daily rounds.

She was passionately fond of children, so the child in the ward always received special attention. She could not pass them by.

The graduate nurses of Hamilton found in her a friend and a kindly advisor and in the work of the Alumnæ she took a deep interest. She is missed by her nurses, and as the years go by they will probably appreciate more and more her efforts in their behalf and her high aims for them in their profession.

We regret that her connection with the Superintendents' Association was for so short a time and that the members did not have the opportunity to know her better.

MRS. HOUSE

Late Superintendent Hamilton City Hospital.

A few lines of Bishop Doane's poem seems appropriate:

"We are too selfish about death—we count our grief,
Far more than we consider their relief
Whom the great Reaper gathers in the sheaf,
No more to know the season's constant change.
And we forget that it means only life,
Life with all joy, peace, rest, and glory rife,
The victory won, and ended all the strife,
And heaven no longer, far away and strange.

"Their Lent is over, and their Easter won,
Waiting until o'er Paradise the sun
Shall rise in majesty, and the life begun
Shall grow in glory, as the perfect day
Moves on, to hold its endless, deathless sway."

—J. Edgar.

The President—Your Society sent at the time to Mrs. House's relatives in Hamilton a note and also sent a garland, and I received a card thanking us for the same.

Miss Mackenzie—I would like to move that letters of condolence be sent to Dr. Robb in Cleveland, to Mrs. House's relatives in Hamilton, and to the British Association for the death of Miss Stewart, these letters to contain the great sympathy of the Canadian Superintendents' Society.

The motion was seconded by Miss Stanley.

The motion as put to the meeting and adopted was as follows: That letters of condolence be sent to Dr. Robb, to Mrs. House's relatives in Hamilton, and to the members of the British National Association expressing the sympathy of the Canadian Society of Superintendents and the Ontario Graduate Nurses' Association, and that the Secretary be empowered to write such letters expressing the sympathy of the above Societies.

The President—When I was in New York last week our American sisters had a Florence Nightingale celebration and sent a cable to Florence Nightingale—I believe the 90th anniversary of her birthday was last week. The Bellevue Hospital Training School was opened by a sister from England twenty-five years ago and they sent a cable to Miss Florence Nightingale conveying their congratulations. Now shall this Society be behind in that sort of thing, or shall this Society or the united Societies send a cable as well?

Miss Robinson—I beg to move, Madame President, that this Society send a cable; I don't know whether we may speak for the Graduate Nurses' Association or not.

Mrs. Currie—I am very pleased to join you. I am sure our Society will be very glad to.

Miss Robinson—Then, Madame President, I move that the President of this Society and the President of the Graduate Nurses' Association be empowered to send a cablegram expressing our congratulations to Florence Nightingale on her attaining her 90th birthday .

The motion, on being seconded by Miss Greene, of the Ontario Graduate Nurses' Association, was put to the meeting and carried.

The President—This has also come to me: I don't know whether it is presumption on my part, but do you think it would be, for us to send a cable to her Most Gracious Majesty the Queen-Mother saying that these Associations sympathize with her in her great loss and in ours?

Miss Mackenzie—I beg to move that a cablegram be sent to her Majesty the Queen-Mother expressing sympathy of the Canadian Society of Superintendents (now in session), and of the Ontario Graduate Nurses' Association, on her great loss and ours, the Presidents of the two Associations to draw up the cable.

Miss Crosby—May I second that as a member of the Graduate Nurses' Association.

The President put the motion, which, on a vote having been taken, was declared carried.

The President—I wish to announce that we hope to entertain to-morrow afternoon at afternoon tea the united Societies here in the residence, and also on Wednesday, at one o'clock, at a luncheon here in the residence.

WHAT THE NURSE OWES THE HOSPITAL.

I will now call upon Miss Barwick to read her paper on "What the Nurse Owes to the Hospital—The Profession—The Registry."

Madame President, Members of the Canadian Society of Superintendents of Training Schools for Nurses and Members of the Ontario Nurses' Association—The subject that I have been asked to speak upon is such a threadbare one and so hackneyed that it seems as if there is no new light to be thrown upon it. With the clear and definite rules laid down for our guidance, rules which were the result of much thought and wide experience, it would seem almost impossible for any graduate nurse of average intelligence belonging to this Registry to go far astray from the straight, if narrow, path, and yet of late I regret to say many and severe are the criticisms I have been hearing, not only of the work, but on the aspect of the nurses towards the long-suffering public, so much so that I feel compelled to speak of some of the reports that have come very directly to me. Our profession stands, or ought to stand, for the highest and the best, and it is the sacred duty of every woman on graduating to pledge herself to do her duty conscientiously and to the best of her ability and at all times to uphold the dignity and honor of her profession.

Now, it hardly seems to me as if a nurse were upholding the honor of her profession when, without adequate reason, she declines to respond to the call of duty, as, for instance, refusing to accept night calls, although there are taxicabs and trustworthy coachmen to be secured by telephone at any hour, or by declaring that she would only accept a call between certain hours and in certain localities. These instances have occurred, I am sorry to say, amongst the nurses of this Registry, and the nurses to whom I allude are not the older graduates, worn out from having given many years of good work to their profession —such women are surely entitled to any easy cases that may present themselves, but young nurses, the products of the latest and most advanced training. By some strange process of reasoning these young, inexperienced nurses seem to think it is their privilege to begin where their older sisters are leaving off, and that their great amount of knowledge more than balancing their small experience, entitles them to rate their services as highly as those of their seniors by many years, and others make the equally grave mistake of thinking that being a graduate of a certain school will entitle them to greater privileges and larger pecuniary remuneration. According to our Registry Rules, the nurse's charge is $18 per week for ordinary cases, and for out-of-town calls, travelling

expenses are extra, and in spite of this one incident that came to my ears was that of a case of typhoid fever where the nurses charged $20 per week and car fare. A small matter you will say, but as an infringement of the rules of the Registry, a very grave matter. If a nurse has not sufficient honor to keep one rule, what guarantee have we that she will keep another. This particular nurse will probably express surprise that the public in general considers our calling a trade instead of a profession, and why should they not when it is so evident that to such nurses it is a trade, and nothing more or less. Another complaint, and a most serious one, is the absolute lack of any feeling of honor in connection with the breaking of engagements for obstetrical cases. This is done, I am grieved to say, by the older as well as by the more recent graduates. I am not speaking of cases where the doctor and the patient are willing for and agreeable to the change, but of cases where the engagement is broken absolutely at the eleventh hour, without any definite or valid excuse, and the unhappy patient handed over to a stranger or a nurse she may not have cared to have had with her had she been given any choice in the matter, for in such an emergency it is not, whom shall we choose, but whom can we secure? Surely it is time that we could awaken to a realization of this offence and remove the stigma from the profession.

Again, in connection with this branch of work comes the oft-repeated cry of overcharging, and here I may say that there certainly does seem to be a frequent difference between the fee authorized by the Registry and the account rendered by the nurse. It is also well to observe that apparently the policy of high rates is not an overwhelming success, for many of these graduates are bewailing the lack of work, while cheaper or inexperienced nurses have all they can do. Another significant fact is that the obstetrical departments of the hospitals are always crowded. I think most people will agree with me when I say, the majority of Canadians cannot afford to pay the rates demanded, and are very naturally choosing the least expensive way—that of the hospital.

And lastly comes another criticism on the number of exceptions after some of the names on the Registry list. The wisdom of this is questionable, unless the reasons for so doing are excellent. If the nurse has had a good all-round training why should she refuse to nurse male patients or babies? Decline to leave the city? Not go out after certain hours? Not go out at night? Refuse to nurse in institutions, etc.? Is a nurse with a list of exceptions like this of much benefit to the community or credit to her superintendent? I say no, most emphatically no, and I speak from years of experience. By all means specialize, and it would be of the greatest service if more of our nurses did undertake certain branches of work, or after years of nursing they desire to exclude certain cases, then most certainly it is their privilege to choose or decline if they desire, and undobutedly they will receive every consideration from the medical men and Registrar, but a young nurse starting forth in life with ideas of this sort will shine in a miserable light in the Nursing Profession, and be a graduate whom any school might be thoroughly ashamed to claim.

May I be permitted to suggest to the Superintendents who are here to-day, that they ask an old graduate, versed well in the art of private nursing, that she should give a talk to the respective Graduating Class on her experience, and warn them well of just such mistakes as these before they are launched out on the public.

WHAT THE GRADUATE OWES TO THE PROFESSION.

What we nurses owe to our profession may be answered in one little word that means a great deal—everything in fact—loyalty. From whom have we gleaned our knowledge but from our sister nurses? Have not our own Superintendents spent many weary nights, burning the midnight oil, so that our training might be rounded out where theirs had been lacking? Did we, as pupils, ever think of the hours of anxious thought over the curriculum prepared so that we might fight dread disease more skilfully? I think if we had we would not be so ready to criticize, and this trait is one most remarked in the rank and file of graduate nurses; nothing is too high or too low to escape their criticism. Everyone from their Superintendent to the hall porter they weigh in the balance, and nearly always find them wanting. To be clannish, and think there is no school like one's own is most commendable; to look down with contempt on others is narrow-minded, to put it mildly. And it is a great thing to remember that there are good, bad and indifferent women in all training schools, no matter how large or small. Let us all then mingle together, interchange ideas, look always hopefully on the horizon, and try to realize that there is no greater art than the art of appreciation, nor so damaging to highly sensitive people as the continual stream of fault-finding. If each one of us would try in our own little quiet way to do our best not only in our own work, but by our brains in writing, or in whatever way our special gifts lie, I think we would find our lives would look differently.

Another great safeguard to our life is the keeping up with our religious training, for owing to the excessive fatigue church is often a trial almost beyond thinking about, the thought of dressing and spending a couple of hours on hard seats is a severe task, and even if our mind is only partially distracted, still the effort will be for the highest good, and we will come back refreshed mentally and with a happier, clearer vision to look on life.

WHAT THE GRADUATE OWES TO THE REGISTRY.

When we place our name on the Registry Roster, give our address and pay our fee, are our duties at an end, or do we owe the Registry anything besides obeying their very simple rules carefully? Again, that one word "loyalty" will answer the question. You have selected your Registrar yourself through your Alumnæ Association. Then place faith in her. Try to realize hers is a post of the highest importance, and of the most nerve-racking work. Therefore, have patience, and if at the time certain things seem unfair or obscure do not wonder and discuss with other nurses, but call her up and place your case before her, expressing your point of view, and asking the reason for her action. After registering be ready so when the call does come no time will be lost reaching the case. Above all, if ill, or through some mischance you are unable to go on duty, then notify the Registry immediately so the family or doctor may select a successor themselves, hereby avoiding trouble for all parties concerned.

One absolutely important point is that of always being within telephone communication with your Registry, no matter where your name is on the list, whether first, or one hundred and first. If anxious to go away for the day into the country, then take the trouble to find out how the Registrar can get at you, and make arrangements accordingly so as to cause as little inconvenience as possible, for hers is a position of absolute fatigue. Not only has she to be Registrar and conversant with the work, but is a telephone operator and an intelligence bureau into the bargain, so try to remember these little points when telephoning. Be courteous always, even if there seems to be some provocation to be irritable, and recollect that you are a member in good standing of one of the best of Registries and that you personally will have to share equally its praise and blame.

Before closing I would like to explain my position, that I have been asked to speak especially of these serious flaws in the nursing work. These evils do exist and are sapping our professional life and are caused mainly by a few thoughtless, selfish women who have no greater outlook than their own limited horizon, so I have tried to put the facts before you plainly, neither softening nor exaggerating, and I hope I have not seemed too hard. But I have many dear friends among my sister nurses, have worked among them happily for a great number of years, and cannot bear to hear criticisms about a profession which should never have anything but praise spoken of it. Let us then all put our heads together to-day and make up our minds to correct, as far as possible, the harm that has already been accomplished, and when we look about us and see on all sides our sister nurses representing the best that Canada offers, then surely we must all feel that nothing but the highest good can arise from a meeting such as this, and that their advice will be of incalculable good and by following it we will add greater prestige to that profession that lies so closely to all our hearts.

The President—The fact that these questions are of such very great importance led your Council to ask Miss Barwick to prepare this paper. We now hope that there will be a very free discussion on this subject, and if any graduate nurses here can find any fault with their Superintendents and their training to show that we are responsible for any of these misdemeanors that we are accused of we will be very glad to hear them. We are here for education as well as anything else and we wish very much to get your opinions and we hope we will get them. Mrs. Downey, would you speak on the question of the Registry? Have you anything to say on that matter?

Mrs. Downey—Madame President, I have not very much to say except that I think Miss Barwick's paper states very truly the condition of what the Registry has been and what I have found it has been under my regime this last year. Those conditions really do exist. I don't consider that Miss Barwick is out in anything she has said. The work is a great nervous strain and, of course, the nurses can make or mar the Registry; it depends a great deal on themselves; and they can make the position very pleasant or very difficult, and there is really nothing more that can be said. I think she has stated the true state of the case.

The President—I am sure that all of us have had some experience. Will some of you speak? Surely we can have some expression. There are quite a number here. Miss Stanley, can you say something?

Miss Stanley—I am afraid I am rather at a loss to say anything in reference to engaging Graduate Nurses. Two years ago, or a little more, the trustees of Victoria Hospital decided the pupils needed training before being sent to the public, along those lines, and asked me to have my classes sufficiently large to enable the pupils to at least have four months training in that line so that the graduates of the school are at the present time not coming to the hospital. When they came there I always found them courteous and I had no difficulty with the graduate nurses of London, although I suppose they have their failings as I have mine. I think as Superintendents we had better look in rather than out; perhaps we are not all doing our duty; there are many things we leave undone; perhaps we don't always act wisely in the matter, although I think we all try to, and I hope in this associating together of the Graduates and Superintendents we will each reap a rich reward. I am sure the Graduates can help the superintendents very greatly.

The President—Mrs. Currie used to employ Graduates in her school I think when she was in charge.

Mrs. Currie—I prefer not to speak, Miss Brent.

The President—Will some of the Graduates point out the mistakes that the Hospital Superintendents make, we will be very glad to hear them. (Laughter.) This is an opportunity of a lifetime—you have it now.

Mrs. Paffard—I have for some time, ever since I graduated, and particularly since I have been interested in association work, felt that the Superintendents might do a great deal in helping the graduates before they leave the schools in teaching them something about association work, in making them feel interested in the Alumnæ and joining the other associations and bringing them up in the right way in that connection, because every Superintendent is interested herself, but when a nurse leaves the school she is lost, practically. It is very hard to get her to become a member of the association. If she was told something about the work and interested while she was in training it would be a great benefit to everybody connected with nursing work, and, another thing, it might be very much more easy for us to obtain legislation for nurses. That was the primary object of our Ontario Nurses' Association and we found it very hard to interest the nurses everywhere. If we could do something to interest the Superintendents to help them interest their nurses it would be a great benefit; that appears to us to be where the trouble lies.

The President—I think the Hospital Nurses and Hospital Superintendents and Hospital Boards require a good deal of education still.

Mrs. Pellatt—I think the suggestion of Miss Barwick is an excellent one in regard to having graduate nurses given some hints as to the work of private nursing before they leave the training school. Most of the training schools have given very little attention to this, the Superintendents being engaged so much in hospital work. There are some problems connected with the Registry and private nursing generally that young graduates don't understand and which the graduate nurse in private practice could explain. The Superintendents there, I think, could help out these problems which have been discussed and which are not all too strongly expressed in Miss Barwick's paper. They are practical questions of to-day. As Mrs. Paffard has suggested with regard to association and legislation, the Superintendents there, I think, can help us very materially, because the nurses should not leave the training school if they have not been taught with regard to these subjects before leaving; if they do leave without being taught them they will not think they are very important; whereas if they are brought before them at the time of training they will think they are of very much importance.

The President—Will some of the Superintendents say what plans they adopt in training nurses along these lines? Miss Malony, could you tell us what you have done, or what you think could be done in connection with this work?

Miss Malony—During the last six months they have been given talks on the work before going out to private nursing—personal talks to the graduates—and they often come back at any time they are in the city and tell us how beneficial those talks have been to them.

Miss Robinson—Madame President, like Miss Malony I try to interest the nurses, I try to set before them the difficulties they will meet with in private nursing, because I did it long enough myself to know pretty much all of the difficulties. I also try very hard to interest them in association work, but I am afraid I am a most terrible failure at that. It seems to me that nurses get out into private practice and they are so absorbed in their work—when they work they work, and when they rest they want to rest—they don't seem to know much of the inspiration they will gain from being members of an association. I have struggled with our own Alumnæ to keep it alive, but it is in a dying condition I am afraid. Of course there are not a great many nurses resident in Galt, and those that are resident there are out of town very often, and we try over and over again to have a meeting of our Alumnæ Association without being able to obtain a quorum. All this militates against the success of association work, because if they can't attend their own Alumnæ meetings and keep their interest in that it is next to impossible to get them to come down to Toronto for a meeting of the Graduate Nurses' Association. This year I confess I made little effort along that line. Other years I have tried and sometimes I have had a very good representation here.

Miss Hamilton—I am sure we have Miss Brent to thank for all the members we get in our Association. We are seven years old, and as each graduate nurse comes out Miss Brent introduces them to the Alumnæ Association. I think out of last year's class we have some five.

Miss Stanley—During the three years our nurses are in training we teach them along the various lines, we don't neglect them, we graduate them and send out young enthusiasts to join the graduating groups. But what is the result? The old members are too busy, they don't look after the young ones we send out. I contend this Association is old enough to send out from the head women who are interested to visit occasionally the outlying members. Come to London. We will gladly welcome some of these older members. Come and let the graduates of London know just what you are doing along these lines. I do say that the Association as an association must take up this work. We must do it. The Superintendents already have their burden to carry and I do not believe we can add this to theirs.

Miss Greene—A few years ago I suggested to the Graduate Nurses' Association that they send some one out to each of these small towns. It is very difficult in small towns where you have nurses from different schools to influence them in any way, but a few years ago I did get the graduate nurses to form an association—not an Alumnæ Association of the school, but all the graduates in town formed a Nurses' Association, and I got most of them to join the Ontario Graduate Nurses' Association. The first year they really heard nothing from you. I told them then they would probably have some person come down from Toronto to tell them all about the work that was being done, and they were quite enthusiastic. Since that time we have heard nothing at all. I think they get a notification each year when their dues are payable, and some of them are not paying them. That is all they know about it. Each year I ask them if some of them cannot come up here. It is quite a distance for those who are doing private nursing to leave their work and come to Toronto. If some person could come to these smaller towns who is thoroughly conversant with all the work that is being done I am quite sure, as far as the Ontario Graduate Nurses' Association is concerned, they would have a number of new and enthusiastic members. At present I feel with Miss Robinson it is a great problem to keep any association alive in a small town.

The President—I think possibly the Ontario Graduate Nurses' Association can answer that question for themselves to-morrow. It may be brought up again. I know that from time to time, as a member of that Association, this question has been discussed, and it does not seem to have been possible, but we are still hoping for that, and at any time if an hospital or an Alumnæ Association should request a visit from any member of the Ontario Graduate Nurses' Society I am perfectly certain they will be very glad to go and talk to them on any subject that they name. I am quite sure that we realize that we will have to do so if we wish to obtain interest in registration. We will be very glad to hear from anybody else.

Miss Crosby—I might say, as a member of the Registration Committee, I would like to emphasize what Miss Barwick spoke about and that is the loyalty of every nurse—loyal to her own Alumnæ Association and to the Registry. We have great difficulty sometimes in controlling the nurses and having them obey the rules of the Registry. One rule we have made recently which I think you will all endorse heartily is that every nurse who is a graduate of any of the schools, here in the city particularly, to begin with—we will extend it to all of them a little later—who comes to join the Registry must first be a member of her own Alumnæ Association. The Alumnæ Associations, as you know, rule the Registry. The Alumnæ Association vouches for each nurse who is a graduate of that school. We felt that the Alumnæ Associations could not vouch for nurses who were not members of these associations, so we have made that a rule, and I think probably that will help the Alumnæ Associations and also be a very great help to the Registry.

The President—I think the fact that the Alumnæ Associations are appreciated is evidenced by the fact that what has been termed the outside nurses living in Toronto have formed themselves into an Alumnæ Association called the Florence Nightingale Association. We have with us here to-day the President of this Association, Miss Kennedy. Would you say something, Miss Kennedy?

Miss Kennedy—Our Association is so very young I am afraid there is not very much to be said on it. We hope to form something equivalent to the Alumnæ of the different schools. As we are very young we have not very much to tell.

The President—Except you feel the necessity of organization.

Miss Kennedy—Yes.

The President—I think possibly the trouble with young nurses is—I think all Superintendents find the same thing in their schools—that the spirit of the age seems to be creeping a little into the profession, "Get as much as you can and give as little as you can." We have to come back, I think, from time to time. I think the majority of the Superintendents will feel that. I was once speaking to my President about the wearisome trials we had in struggling with undeveloped young women, untrained young women who come to us. I said, I wish I had had the training of their mothers. He said: "Never mind, you are training the future mothers." So possibly if we can bring into our minds the fact that we are training the future mothers we may be able to inculcate some principles into them that in the next generation, or a generation or two along, the nurses will have a clearer idea of their obligation to the public, to their hospital, and to the profession. If there is nothing more to be said on that paper I would like to ask Miss Crosby to say a few words in connection with the "Canadian Nurse."

Miss Crosby—Madame President and Members of this Association—I just wanted to bring before you the interests of our journal. I am not going to talk to you very long for you are all acquainted with the "Canadian Nurse," and we want you all, while you are interesting your graduates in the Alumnæ Associations and in the Ontario Graduate Nurses' Association, not to forget this journal of ours. We want every nurse in Canada to subscribe for the journal and to read the journal. It is not enough just to be a subscriber, but read it. It is good. It is worth while. A number of nurses over in New York said: "My, you have a splendid journal." And it just does you good to hear some of those people tell you that. The Editorial Board do a great deal of work to try to make this

journal as good as ever we can. If there are any suggestions or anything that will help we will be very glad to hear it. Now I might say that we print 1,600 copies monthly; our paid up subscription list is about 1,200; the others go in exchange and complimentary copies and to advertisers. The management has been changed this year and we are putting forth a special effort to put the "Canadian Nurse" in a better position financially and make it a better journal all round. The Editorial Board thought it well recently to start a fund called the "Canadian Nurse" Fund, and the object of this fund is to be able at the end of two years to take a share in the financial responsibility and management of the journal. At present we must pass that over to a publishing company, and we do not feel we can make the best possible arrangement and come to the best possible agreement with that company unless we can take our share of the business management and say thus and so shall some of the things be done, and we want to raise at least $1,000. Probably some of you saw our appeal in the May number of the journal for contributions to this fund, so that if you will all interest yourselves in it and interest your nurses in it as far as you can the Editorial Board will be very grateful, and if there are any nurses here to-day who are not subscribers to the journal I will be at the back of the room when the meeting is dismissed and will be very glad to receive the names and subscriptions of all such who may be here.

The President—Miss Scott has some other communications to read.

The Secretary read invitation from Canadian National Association of Trained Nurses to be present at an address to be given by His Excellency Earl Gray on the "Army Nursing Service Reserve."

The President—Since receiving that letter I have received a communication from Col. Fotheringham this morning that the meeting will be held here on Wednesday morning at eleven o'clock. I am afraid that His Excellency will not be here as he is not taking part in any functions at present, but the chair will be taken by His Honor the Lieutenant Governor. Owing to this fact we will have to call our meeting to order on Wednesday morning at 9.30 in order to get through with our business before the military meeting is held. We as an Association, you will remember, joined this Army Nursing Reserve in Montreal a few years ago, but this meeting, I think, is to interest the graduate nurses to try to form a reserve from their ranks so that we hope to have a large meeting Wednesday morning at 11 o'clock.

I think our afternoon session now has drawn to a close. We will ask you all to register at the back of the hall, and I would also like to tell you that there is a collection of forms and requisition slips used in the various hospitals and training schools in the lecture hall at the end of the corridor, also any of you who would like to go over the residence we will be very glad to show you anything you would like to see. We are very anxious to have the nurses see anything that they would like to see here.

I will now declare this meeting adjourned, to meet at half past nine on Wednesday morning, May 25th.

SECOND SESSION—Wednesday, May 25th, 1910.

At 9.45 a.m. the President, Miss Brent, took the chair and said: I think we will have to call this meeting to order. Although we have not as many members present as we would like, we have a good deal of business to transact before the Army Meeting at 11 o'clock.

The first item on the programme is the report of the Council. I will call upon Miss Scott to read it.

The Secretary—Madame President and Members, with profound apologies and regrets I present this meagre report, for I have only had the office of Secretary for the last three months.

The Council held five meetings during the year—London and Hamilton respectively, and three in Toronto. The business consisted entirely of arranging for the fourth annual meeting of the Society. It is with great sadness we record the tragic and sudden demise of our beloved Secretary, Mrs. House, called in the midst of her labors to a higher and nobler sphere. For the third time we are deeply indebted to our generous friend, Mr. John Ross Robertson, for his assistance in publishing of our annual report. This kindness and consideration has been a great factor in increasing the membership and interest of the Society.

Sixteen have applied for membership. Sixteen Associate Members transferred to Active membership. See Article II., 3rd clause of By-laws.

On motion of Miss Stanley, seconded by Miss Greene, the report of the Council as read was accepted.

The President—The next upon the programme is the report of the Treasurer. Unfortunately our Treasurer, Miss Chesley, has been stricken down in the midst of her work and she is very ill, and I hope later in the day to have the Society vote that a letter of sympathy be sent to Miss Chesley. Miss Mackenzie has come to our aid as Miss Scott did in connection with the Secretaryship, and Miss Mackenzie will read the report.

Miss Mackenzie—When Miss Chesley was not able to take up her duties as Treasurer her assistant, Miss Maxwell, filled the office until just a few days ago, when the work

was handed over to me just as I was coming to Toronto. The total receipts, including the balance of $39.19, were $164.46. That was a balance of $39.19 and membership fees, $125, and bank interest, 27 cents. Expenditure—Postage, $15; stationery, $6; wreaths and flowers, $13; affiliation fees with the National Council of Women, $2; stenographer's fees, $19; printing Annual Report, $47, and exchange, 65 cents, making a total of $102.65, leaving a balance of $61.81, which must be decreased by $10.25, which is still owing for printing, leaving a real balance of $51.56.

The President—The report of the Treasurer is now before you. With regard to the item for printing, of course the Annual Report is contained in that, and we have again to thank Mr. Robertson for setting up the type, otherwise the account would have been nearly $100. We were able to save $10 I think on the report this year by not having such lengthy papers, but the usual contribution of Mr. Robertson, I think, saved the Society about $60. This year the Council have decided, with your permission, to publish a convention number of the "Canadian Nurse." I think in July will be about the time it could be published. The cost of the publication of that number will be $50 for the two Societies, and as I cannot see that we can continue asking Mr. Robertson to set up this type, of course that would make a very material difference in our finances. It seemed to the Council it would be a very good idea. The publishers of the "Canadian Nurse" have agreed to send reports to all of the Society—all of the members and all subscribers will have copies, and any members we send a list of, so it seems it would be a very good way of distributing our matter, and it would be really much more far-reaching than simply sending the report to the members of the Society. If that meets with your approval we would be very glad to have that put in the form of a motion, that this Society shall this year publish their Annual Report in a Convention Number of the "Canadian Nurse."

A motion in the terms stated by the President was made by Miss Malony and seconded by Miss Rogers, and carried.

It was also moved by Miss Rogers, seconded by Miss Robinson, that Miss Scott, the Secretary, be appointed to confer with the Editorial Board of the "Canadian Nurse" re the publication of the Annual Report.—Carried.

The President called for reports of committees.

The Secretary—The only committee, Madame President, that I am aware of that has to report is the Social Purity Committee.

Miss Mackenzie—I understood, Madame President, that the report was given when Dr. Jennie Gray's paper was presented. I have really nothing to add any more than was stated the first day of the Convention.

The President—Your committee found it a little difficult to do anything very much in connection with this special line of work, so that all I myself was able to do was to have some special lectures given to the nurses, and I think possibly that is what has been done by the rest of the committee; and then, as you heard yesterday, we asked Dr. Gray to give that paper, and I think possibly the report of that committee can be accepted in that way.

The next item is "Old Business." Last year at our meeting in London we suggested Mrs. Boomer, who was President of the Local Council of Women, should be made an Honorary Member. I would like very much that some one should propose Mrs. Boomer be elected an Honorary Member of this Society, and that the Secretary write notifying her of her election.

Miss Mackenzie—I have much pleasure in moving that Mrs. Boomer be elected an Honorary Member of this Society. Mrs. Boomer is a very good friend of the nurses, and, in fact, of every working woman, and therefore I have great pleasure in making this motion.

Miss Stanley—As a citizen of London I have great pleasure in seconding Miss Mackenzie's motion.

The President put the motion which, on a vote having been taken, was declared carried.

The President—The next is "New Business." The first thing we wish to speak about is a book for registering members at the annual meeting. Heretofore we have had rather a crude manner of doing it, and we thought the Secretary should be empowered to provide a book for the Society, and we would be very glad if you would consent to that. Shall the Secretary be empowered to procure a book for the registration of members?

Miss Stanley moved, seconded by Miss Morton, that the Secretary be empowered to procure a proper book for the registration of members names at the annual meeting.—Carried.

The President—The next item of new business is a question which has been discussed from time to time by different members of your Society, that a Hippocratic Oath should be adopted by the Superintendents of the different schools of Ontario, or Canada, and I will ask the Secretary to read one that has been drawn up. We thought perhaps if it came from this Society, recommended by it, that the schools would adopt it and we might possibly be able to overcome some difficulties that were suggested that were our fault at some of the meetings heretofore, and I thought we might show in this instance that we were endeavoring to fulfil our obligations.

The Secretary then read the following form: "I do solemnly promise and swear that in the practice of my profession I will always be loyal to the patients entrusted to my care, and to the physicians under whom I shall serve; that I will not make use of nor recommend any quack or secret nostrum; that I will be just and generous to members of my profession, aiding them whenever they shall need aid and I can do so without detriment to myself or patients; that I will lead my life and practice my profession in uprightness and honor, and not lend my aid to any immoral or illegal practices whatever; that into whatever house I shall enter it shall be for the good of the sick, to the utmost of my power; that whatsoever I shall hear or see of the lives of men and women whether they be my patients or members of their household, that will I keep inviolably secret; and that I will continue to observe and to study, and will strive in every way for the improvement and advancement of my profession, not regarding it as a means of livelihood but as an honorable and sacred calling."

After a short discussion on the desirability of the adoption of the above or some similar form of pledge the following resolution was adopted:

Moved by Miss Robinson, seconded by Miss Miller, that with a view to further impressing upon all graduates of training schools for nurses the ethical side of our work this Society recommends the administration of an oath to be used on the occasion of the granting of certificates, and further recommends that a copy of the oath under consideration to-day be mailed to all Superintendents of Training Schools.

The President—I will ask Miss Scott to read the new names that the Council elected last night. We had some late applications sent in and the Council met and elected them.

TRANSFERS FROM ASSOCIATE TO ACTIVE MEMBERSHIP.

Miss Young, Assistant Superintendent Montreal General Hospital, Montreal.
Miss Webster, Night Superintendent Montreal General Hospital, Montreal.
Miss Strum, Gyn. Operating Room Nurse, Montreal General Hospital, Montreal.
Miss Shaw, Assistant Superintendent Jeffrey Hale Hospital, Quebec.
Miss Duncan, Outdoor Nurse, Maturnity, General Hospital, Toronto.
Miss Maxwell, Assistant Superintendent St. Luke's Hospital, Ottawa.
Miss Kinder, Superintendent Preliminary Course, Hospital for Sick Children, Toronto.
Miss Potts, Assistant Superintendent Preliminary Course, Hospital for Sick Children, Toronto.
Miss Wren, Superintendent General and Marine Hospital, St. Catharines.
Miss Welsh, Operating Room Supervison, Victoria Hospital, Lonodn.
Miss Dulmage, Assistant Superintendent, Victoria Hospital, London.
Miss Pashley, Night Superintendent, Victoria Hospital, London.
Miss Tedford, Operating Room Supervisor, Montreal General Hospital, Montreal.
Miss Gilmore.
Miss Hall, Assistant, Royal Victoria Hospital, Montreal.

ACTIVE MEMBERS.

Miss Agnes C. Bushfield, Superintendent Western Hospital, Bathurst St., Toronto.
Miss Ada Janet Ross, Superintendent Selkirk General Hospital, Selkirk, Man.
Miss Mary A. Catton, Superintendent of Nurses, Lady Stanley Institute, Ottawa, Ont.
Miss Margaret S. Parkes, Queen Victoria Memorial Hospital, North Bay.
Miss Anna C. Hodges, Superintendent Alexandra Hospital, Ingersoll, Ont.
Mrs. Annie E. Saunders, Red Cross Hospital, Cobalt.
Miss Isabel F. Hersey, Royal Victoria Hospital, Montreal.
Miss Lina L. Rogers, Superintendent of School Nurses, Toronto.
Miss Pauline Martignoni, Superintendent Orthopedic Hospital, Bloor Street, Toronto.
Miss Nita A. McLennan, Royal Victoria Hospital, Barrie, Ont.
Miss Annie E. Hawley, Lady Minto Hospital, Minnedosa, Man.

ASSOCIATE MEMBERS.

Miss May Brennan, Superintendent Operating Room, Hospital for Sick Children, Toronto.
Miss Nellie Goodhue, Second Assistant, Royal Victoria Hospital, Montreal.
Miss Mildred White, First Assistant, Royal Victorial Hospital, Montreal.
Miss Helen McMurrich, Instructress to Probationers, General Hospital, Montreal.
Miss Christina McPhail, Night Supervisor, Hospital for Sick Children, Toronto.

The new members were accepted by the Society and added to the list of Active and Associate Members on motion of Miss Malony, seconded by Miss Miller.

The Secretary read the withdrawal of Miss Sawyer, who had retired from active institutional work.

The President brought up the question of the adoption of some distinguishing color to be worn by members of the Society. This matter, on the suggestion of Miss Stanley, was left in the hands of the President.

The President—At the meeting of the Canadian Hospital Association in Montreal, held on Easter Monday, we were approached with regard to the question of amalgamation again, and I proposed there that a committee from the two Societies be appointed to discuss this matter. I have great pleasure in appointing Miss Stanley, Miss Mackenzie and Miss Robinson, of Galt—that will give us a Superintendent of Nurses, a Superintendent of an Hospital, and a neutral member. They will be good enough to act and discuss this matter and we may have a decision later on, possibly at our next annual meeting. The Secretary will be empowered to write the Secretary of the Hospital Association to say we have appointed a committee and that it will meet and discuss the question and bring in a report next year.

At the meeting of the Graduate Nurses' Association last night this resolution was adopted, to be sent to the Canadian Society of Nurses:

Moved by Mrs. Paffard, seconded by Miss Crosby: That in view of the marked decline of interest in nursing as a profession by the graduates of more recent years this Association feels that this reflects and foretells a lower professional standard, which must inevitably react not only to the disadvantage of the training schools as such, but to the standing of the profession at large; and recommends that steps be taken by the Superintendents of training schools to more thoroughly inculcate in the undergraduates the ethics of the profession and the importance to the undergraduate herself of taking an active interest in association work; and that a copy of this resolution be forwarded to the Canadian Society of Superintendents of Training Schools for Nurses.

This resolution is before you and it is open for discussion.

The Secretary—Madame President, I think I see the mover of that resolution present. Perhaps it would be well to hear from her.

Mrs. Paffard—Madame President, I am such a poor speaker I am afraid I couldn't put forth all I would like to say on this subject. In the paper that was read here yesterday you might find some interesting points and it would be much more concise than anything I could say. It was explanatory of the conditions existing to-day; the incidents which were mentioned were fairly true. We have so much on the subject. The day before yesterday Mrs. Currie, the late President of the G. N. A. O., spoke on the same lines. There has been so much about it that I was urged to write something if possible. I wrote the paper which I read yesterday. The G. N. A. O. saw fit to adopt my resolution. I thought if it was brought before this Association some good might arise from it for the good of nursing in general.

The President—I am quite sure Mrs. Paffard's idea was not at all to criticize the Superintendents; it was simply to bring up the matter so that it might be open for discussion.

Miss Stanley—I speak, I think, for the Canadian Society of Superintendents when I say that we are very glad to receive suggestions from the graduate nurses in this or any other way. I am quite sure many do not feel that we have neglected our duty. I am sure I don't. I know in my own hospital we have a number of lectures on that subject to the graduating class, and I talk a great deal on those subjects to them, but when they leave the graduate nurse holds aloof from the new member who starts forth and she loses her grip, as it were, and a little of her enthusiasm, and after a while she, too, becomes the old graduate and maybe does her share along the same line. However, if the graduate nurses make this recommendation and feel we can help more than we do, I am only too happy to wish to move that the Superintendents put forth greater efforts and bring this up before the graduating class weekly, if necessary, during the final year and at the graduating exercises inviting the Alumnæ Association to meet the graduating class and see if some better results may not follow. I am quite sure we want the Graduate Nurses' Association to succeed because you are our backbone—we cannot do without you. Therefore I have great pleasure in moving, no matter what the Superintendents have done in the past, that in the future this resolution will not be needed to be presented to our Society.

The President—I am quite sure all of us feel that we do try to do this sort of thing. I know we have our alumnæ meeting here once a month, and we usually meet in a social function and the graduating class are always invited; I think an invitation is always sent to every member of the graduating class to join the Alumnæ Association, and we do try to interest them. From time to time we probably have fallen short. Do you think it would be wise that the Society should recommend that a course of lectures should be given on this subject by the Superintendents?

Miss Stanley—I certainly do, Madame President, because I think that is the only way the Association can be treated fairly. I am quite sure they will believe us when we assure them that we certainly will do it. The thing is to see what they will do the following year.

Th President—Would anyone make a proposition that the Executive should draw up a course of lectures to be suggested to the Superintendents to have delivered to their classes? Would that be a good idea, do you think?

Miss Stanley—I think a better idea would be for the Superintendents to call upon the Graduate Nurses' Association to give some of the lectures. (Applause.) I have done that for some time and I have found it has worked very satisfactorily. Last year and the

year before I had a couple of our graduates do that and I know our nurses have listened with a great deal of interest to them and have derived a great deal of benefit.

The President—I also have a member of our Alumnæ who has always done active work lecture to my nurses.

Miss Stanley moved, seconded by Miss Miller, that we request the graduate nurses of our cities, or even of this Association, to come to our training schools and give a lecture or two to our graduating class.—Carried.

The President—The next thing is to appoint a delegate. We received a letter from the Secretary of the Canadian National Association to appoint a delegate to consult with the officers of the Permanent Corps on the formation of the Army Nursing Reserve. Shall the appointment be made by the chair or shall the Society vote upon this?

Miss Mackenzie moved, seconded by Miss Stanley, that the appointment be made by the chair.—Carried.

The President—I have much pleasure in appointing Miss Mackenzie as delegate; she goes from the Atlantic to the Pacific and I think would be able to drop a few words of wisdom here and there upon the necessity of forming this Association. I am sure the Society will be unanimous in upholding me.

The President called upon Miss Mackenzie, Superintendent of the Victorian Order of Nurses to read her paper, entitled "The Trained Nurse Through a Business Lens."

Miss Mackenzie—This paper seems like the last chapter of what has been discussed at both of these meetings; it is really another wail, speaking of the degeneracy of the times.

The subject of my paper is a very unpoetical one, but I shall endeavor to weave a little poetry into its treatment, for poetry is needed in all our mundane affairs in order to make them palatable.

I wish to take a survey, as it were, of the nursing profession from a business standpoint, to point out its defects, suggest some remedies, and, more particularly, to invite discussion on the points raised, with a view to drawing out ideas which may help to improve conditions and so raise our profession to the heights where it is decreed it should be.

The majority of women who take up nursing do so because they are obliged to earn a livelihood, and naturally they choose the calling that appeals to them and for which they believe they have a decided talent. The great trouble with all women's occupations is the lack of permanency. Women, as a rule, do not prepare themselves for their work as though it were to be their life work. And as Florence Nightingale said, writing on this very subject many years ago: "God has never said that He will give His success and blessing to sketchy and unfinished work." When women enter the working world they are competing with other workers and are to be judged by the standards set up. They are dealing with the public, with business men and women, who look at the work with the clear business eye. Business methods are demanded. They are the only dignified ones for both employer and employed. Now, all women's work, from the most menial to the highest, has the dilettante stamp about it, and it is that stamp which is playing such havoc in the industrial life of the present day. Nursing is no exception. How many women go into nursing with the earnest desire to learn everything there is to learn about their calling, to pour out the wealth of their talents into the profession which they have chosen and thus to make that profession richer by their labors? If we would only remember that a task well done, done with our whole heart, makes us better women, more able to do another task well, and better fitted for any sphere, we should not see so many nurses frittering away their talents, playing at nursing while there is so much real work to be done—real woman's work. For nursing is peculiarly a woman's profession and nurses are the ones who should do everything that is to be done in that profession. They should set and maintain the standards, should guard them jealously, and should be the authorities on everything pertaining to nursing, training of nurses, hospital management, registration of nurses, and so on. But what is happening around us? Why are nurses not occupying the head positions in our hospitals? Who should be better fitted to cope with all the questions of hospital management than the trained nurse? Why are nurses not having more voice in deciding who will enter the nursing profession? Why do some of our Associations make it compulsory for a nurse to have a recommendation from a doctor before she can join a nurses' association? Are nurses being heard on questions of public health, of morals, child labor? Are they being heard at Commencement Exercises? When our young women are stepping out into the professional world is it the voice of a woman who has trodden the path they are to tread, sometimes strewn with roses, often with thorns, warning, encouraging, pleading for the heights, is it, I say, the voice of a woman which makes, with the flowers, the hopes and the longings of Commencement Day a harmony which will help to keep their hearts attuned to higher things? Those are some of the pertinent questions for us to ask ourselves and to answer. The answer is plain: Nurses are indifferent, are content to do sketchy work, have not time to attend to the affairs of the calling which they have chosen as their life work. They are content to sell their birthright for a mess of pottage! Ask any of those who have to do with the engaging of graduate nurses what they have learned from their dealings

with such, and the unfailing answer will be: The nurses, with very few exceptions, are indifferent, unbusinesslike, have no regard for a promise or a contract as such. If something more interesting, more remunerative, turn up, away goes the contract, away the promise. Ask the Superintendents of the small hospitals why they would rather have a staff of nurses-in-training than a staff of trained nurses and you will learn a number of facts about graduate nurses. Do you realize that it is being said that trained nurses, professional women, mark you, cannot agree among themselves? And, unfortunately, it is true. I think we as members of the profession should do some careful thinking.

Now, how can all this be remedied? First and foremost, let us take women seriously, let us in every way do our part to make them more responsible, more awake to the great possibilities of a united womanhood—let us urge them, with all the eloquence we possess, to smash forever their dolls' houses and to stand forth, strong in all the wealth of a fully developed woman-nature. And, in our training schools let us see to it that we are training the women entrusted to us so that they are fitted to take their place in the nursing world, not only in private nursing but in every branch of nursing, so that they know and keep in touch with all the progress that is being made in all parts of social service. The responsibilities of the trained nurse in a community should be impressed on them, and the fact that they have entered on training for a definite profession—a profession which belongs to women, and in which the highest talents of women can find scope, should be kept before them at all times. Their relationship to the public and how to deal in a businesslike way with the public, with hospital boards, with superintendents, etc., should be taught them. Every graduate nurse should have impressed on her, before graduation, the meaning and importance of an engagement, an agreement or a contract, so that none of them will, as so many do now, regard a contract as somethig which may be set aside, whenever anything more tempting offers itself. It is difficult now to persuade hospital boards to take nurses seriously. They have had dealings with so many nurses who seemed to have no sense of the binding nature of an agreement. Let us hear from those who have been managing Nurses' Registries. What have been their experiences? The answers are not at all doubtful: in most cases absolute lack of responsibility, of any idea of permanency, of professional sense.

These truths are hard, but I believe we should face them. The matter is a serious, a very serious one, and it behoves us to recognize the true state of affairs and to do what we can to remedy the evil. Are our training schools really educational institutions, are they attracting the best women, and are they drawing out the best that is in each one of the students, and fitting them to take their place in the world in relation to all that pertains to the public health and welfare? How many of our schools come up to that standard and how many of our nurses are doing anything to bring about a better state of affairs? The solution rests with the nurses themselves. Here we have a chance to demonstrate to the world what women can do, and, rest assured, that women have only to show their fitness for any path of life and the way opens up to them. The whole woman-problem over which so many have mourned and suffered really needs, first of all, that we set our house in order:

"Once read thy own breast right
And thou hast done with fears;
Man gets no other light,
Search he a thousand years:
Sink in thyself! there ask what ails thee, at that shrine!"

And our profession is the one best fitted to show the force of this, because the field is ours, and we shall be called on to give an account of our stewardship. The lesson we have to learn to-day is the same old lesson we find in Ecclesiastes, the same old lesson that Carlyle reiterates with such telling force in his "Sartor Resartus": "Whatsoever thy hand findeth to do, do it with thy might!" So shall we be better fitted for any walk of life into which we may be drawn, the world will be a better place to live in because of our sojourn here for there will be more sweetness and light. And the question of contract keeping, the whole business part of our profession, will solve itself, for when we are filled with the firm resolve to read ourselves aright and to do whatsoever we find to do with our whole might, the difficulties fade away like mist before the sun, and the profession of nursing, which should be so dear to our hearts, stands out with all the strength, the beauty and the harmony which belong to a united womanhood.

Looking over this paper, it may seem as though it is somewhat far away from business, but on second thoughts I believe it will be found that what is here set forth is true from a business viewpoint. Here is a field, a large field, and a precious field, lying ready to be taken possession of by us, and instead of our seeing the value and importance of our heritage we leave it half-tilled, to be taken possession of by aliens, and we have their laws thrust upon us, who are too indifferent to even chafe at our serfdom. Meanwhile our members go their way, disregarding all those rules and those ideals which go to stamp us as professional women and chasing eagerly the ignis fatuus while all that is true and beautiful and worthy of pursuit is left by the way. It is because of my great faith in women and in nurses that I have written as I have, for with all my heart I desire them to rise to the heights, to gaze on the land of promise, and to go in and possess it.

The President—We have listened with a great deal of pleasure to this very beautiful paper of Miss Mackenzie's. I don't think that anyone could have expressed it as well as Miss Mackenzie has done. It is now open for discussion.

Miss Stanley—In view of the short time before 11 o'clock I feel that this paper is too important to discuss in a minute and I would like the paper to be brought up later.

The President—I may say that at the meeting in Montreal, held in 1907, this Association formed itself into an Army Nursing Reserve so that as a Society we have nothing further to do, except I will read you the motion that was made at that meeting: "It was moved by Miss Livingston, seconded by Miss Brent, that as a Society we offer ourselves to the service of the country in time of war as members of the Army Nursing Reserve." As Secretary at the time I sent this resolution to Col. Jones—he may have forgotten it, I don't know—so we as a Society are really an Army Nursing Reserve, but I think the idea to-day is to interest nurses all over the country, and the alumnæ associations and graduate nurses in the work. Mrs. Fournier, have you not anything to tell us about the New York Societies? Mrs. Fournier is a member of the American Superintendents' Society; she has come to dwell amongst us as Superintendent of the Sanitarium for Consumptives.

Mrs. Fournier—We have certainly had a very enthusiastic and delightful session in New York and I am sure as a result of many of the steps that were taken the future of our profession is to be helped. I felt strongly we were all drawing nearer and nearer together in every item that was brought up and discussed; it seemed to me the truer note of womanhood and the greater need of nurses to enter the doors that are now being opened for us were everywhere brought out, and I see also it is so with us to-day.

The President—There was one thing brought up at the Superintendents' meeting and that is, interesting the girls at colleges and schools in this question of nursing. I think it would be a good plan for this Association to adopt a resolution to see if they could not work in with the principals of the colleges to interest their pupils graduating from the colleges on the question of nursing. I think that would be a very good thing for this Society to suggest. That was the idea, was it not, Mrs. Fournier, in the meetings?

Mrs. Fournier—I think they decided to appoint some one person to make a special trip to a number of these large colleges, and it was also suggested that ways and means be sought by the various Superintendents of training schools to interest the principals of the high schools, and possibly the eighth grade schools, so that the seeds might be sown in the minds of the young that would lead to their final entrance into our training schools, and they felt that was something that could be left entirely with the Superintendents of the training schools, the Superintendent possibly doing the work herself or securing the services of some of her graduates or someone who would present to the grammar schools or high schools in a short, concise talk on something of interest. On the other side, they are now giving in quite a number of the large centres "First Aid and Home Nursing" and things of that kind to the graduating classes of these schools, and they thought possibly this might be one of the means to that end.

The President—Does that appeal to the Society at all in any way, this meeting with or giving lectures if we are allowed to in the schools? We will have high schools in the places in which we happen to be working, even if we have not private schools. Those in the larger cities would have the colleges and private schools, but there is certainly always the high school in the smaller places, is there not? What do you think about it, Miss Malony?

Miss Malony—I should think it would be a very good idea if it could be done, and you could get them interested in it.

Miss Greene—I have not thought of the subject at all, but there is a college and two large business colleges, also a ladies' school in our city and I think it would be a very good idea, indeed. If we are going to have some of the graduates go out to the different towns the arrangement could be made then. I think that would meet the need better than anything one could say now.

The President—May I tell you a very amusing incident. There was a niece of a friend of mine who goes along to the Church school here; she passes daily on her walk and she is very much interested in the hospital, and keeps talking to her governess about what she is going to do; she is going to be a nurse. The governess, of course, anxious to make the most of an opportunity, says, you must be a very good little girl and study very hard to be nurses. The little girl said, "Oh, do nurses have to study?" "Well, I think I will just be an ordinary mother." (Laughter.) I think that subject could really be very well taken up and discussed at a meeting with the teachers of the different schools here in Toronto, and then, as Miss Greene suggested, when the lecturer from the Ontario Graduate Nurses' Association, or who ever it is, goes to the different towns to lecture to the graduating class the pupils of the colleges and schools in that town could be invited to share in the work, or perhaps a special lecture could be given them at that time, because perhaps the ethics of the profession would hardly be the right thing to talk to the pupils about.

Miss Sutherland has been good enough to come all the way from Hartford to read her paper for us, but we will have to postpone it till this afternoon because his Honor the Lieutenant-Governor should be here very shortly if he is on time.

At this point Mr. Robertson came to the front and gave the wording of the cables which had been sent to Her Majesty, Queen Alexandra, and to Florence Nightingale.

The meeting then adjourned until two o'clock p.m.

Afternoon Session, 2 o'clock p.m.

The President, Miss Brent, took the chair and said: Ladies, we will come to order now and I will ask Miss Sutherland to be good enough to read her paper which she was to have read this morning. Miss Sutherland comes from Hartford and we welcome her very heartily.

Miss Lauder Sutherland, R.N., Principal of Hartford Hospital Training School for Nurses, read her paper, entitled, "How Best to Train Our Nurses," as given later. See page 306.

The President—As some of the members of the Society are obliged to leave rather early we thought we would go through and have all the papers read and have the discussion afterwards, but I am sorry that the writers of the papers on "The Hospital," who should have been present with us this afternoon, have not appeared, so that I am afraid we will have to call that off and ask for the paper on "The Hospital" (from the Superintendent of Nurses' point of view). Miss Rogers has kindly consented to read this paper.

Miss Snively—Before we listen to Miss Rogers' paper, as I am obliged to leave early, I would like to extend an invitation to all the delegates present to attend the graduating exercises to take place in the Toronto General Hospital at half-past three on Friday afternoon and to attend the garden party which will follow. I may say further, I shall be very much disappointed if any of you have to leave Toronto before that function takes place.

Miss Rogers then read the paper.

"THE HOSPITAL" (FROM THE SUPERINTENDENT OF NURSES' POINT OF VIEW.

So far as the hospital building is concerned, there is no doubt that a nurses' home in separate building is most desirable. Where this is not possible, in the small hospital, then we must claim for the nurses a separate room for each and the nurses' corridor separate from the general building by a heavy, sound-proof door. For complete rest, solitude and quiet are absolutely necessary. Again, the reception room or sitting room should be so situated that any noise will not disturb the patient in hospital wards. While ventilation may be done by the central heating plant, still there seems to be nothing so refreshing as the air from the wide open window, and in order that the window may be open during all sleeping hours there must be a good supply of heat in the nurse's bedroom.

The course of training should be laid out for three years, and so arranged that, starting with little information and no responsibility, just as soon as the nurse acquires knowledge, then duties are added and responsibility is placed on their shoulders gradually so that by using their newly acquired knowledge they will gain in capability. We have so many small hospital training schools, with varying standards in each, that it is surely desirable that the course of instruction and lectures should be standardized, that a curriculum for the three years should be arranged by a central authority and carried out by each hospital, then the examinations could be made uniform and the nurses would have a comparative standard much higher. Some graduating classes are very small and afford little or no stimulus to the individual nurse, whereas an examination throughout the province, or part of the province, would give a greater stimulus for faithful work, both on the part of instructors and of nurses, and a certificate won would have greater value.

The examinations over, what are our nurses to do? Some wish for post-graduate work. Surely these should be taken into our large Canadian hospitals. Affiliation with a New York or Chicago hospital is all right, but so often it means the losing of a faithful unit to Canada, and Canada is now quite capable of using all faithful units, and it only means arranging a course and affiliation of our small hospitals to the large hospitals.

What educational standard should we have as a minimum for probationers? A high school graduate as far as possible, but at least two years of high school or collegiate institute work. A nurse with less general education cannot hope to be a success and certainly cannot rise in her profession. A broad education is most desirable and useful. The nurse has many times to take work with highly intelligent people and lack of education is certainly a bar to the best work.

Age limit is too low, very often. Twenty-one should be the rule. Preliminary period of three months is necessary. Often the would-be nurse cannot be judged in less time, often one day or week is enough.

Willingness to work, to do anything, to do everything, is the first requisite. Although an indifferent pupil may be stimulated by seeing others about her, yet if lazy they cannot have time wasted on them. Next, aptness, powers of observation to grasp the idea, and adapt themselves to the varying conditions. Then frankness to record the work and not to appear to have done the work. Then loyalty to patients, not allowing anything to go undone that may help them, because it is too much trouble, or after hours, etc. Loyalty to the doctor, doing all necessary to keep patient satisfied with their own doctor. Loyalty to the institution, training school, nurses, etc.

Remuneration.—Our nurses get little or none except their training. They should get a salary, of the equivalent in uniform, boots and books, instruments, etc. But their true reward is the training they get, and we are responsible to make that thorough, but the lectures are often long and prosy, or above the heads of the pupils, and sometimes given in a perfunctory way. Lecture should not be taken out of recreation time, the afternoon being preferable to the evening. The lectures should be prepared with a fair idea of the capacity of the class, and explanations of terms, etc., made frequently. We could do away with a great many of the lectures to be supplemented by clinical instructions at the bedside and in the operating room, and a great deal could be done for the nurses by the individual doctors taking more interest in the training school and giving clinics on their cases to the nurses, not forgetting the fact that they are only in training and only too glad to receive any instructions touching on what they are going to make their life work.

While the Superintendent has nurses in her care she must take the motherly interest to watch their health and see that they spend their recreation hours to advantage, to see that they do not indulge in foolish foods or amusements and meet undesirable company.

Even in small hospitals, and certainly in hospitals of thirty beds or more, the nurses should be advanced regularly so that by the end of their term they will have had experience as head nurse of ward or floors and charge of operating room and supplies, also charge of obstetrical cases, and towards the end of her training to be allowed to assist the Lady Superintendent.

A nurse so trained would be fairly ready to take a position as Superintendent of small hospital. However, some small hospitals require their Superintendent to manage the buying of the institution, with the dispensory supplies, so that some instruction and experience of this kind is most useful for the more capable and ambitious nurses.

Some knowledge of simple bookkeeping and banking would also be needed.

Again, insist upon uniformity in lectures and in examinations so that standard may be fairly uniform and good.

The President—I see now that Dr. Brown has been good enough to come to us and we will ask him to read his paper on "The Hospital" (From the Medical Superintendent's Point of View).

Dr. Brown—Madame President and Ladies—I hope that I am not too late with my paper. I was to be here at three o'clock and I see it is about two or three minutes past the hour. I must thank you for the honor of having the privilege of reading a very brief paper before this gathering. I don't know that I should have felt like agreeing to come to anybody else but you, Madame President, but inasmuch as I am under so much obligation to you for many kindnesses I felt I must endeavor to prepare a short paper. One virtue it certainly will have and that is brevity.

THE RELATION OF THE SUPERINTENDENT TO THE HOSPITAL.

This subject must necessarily be considered largely in the light of one's personal experiences. To nobody else is the epigram more applicable than to the hospital Superintendent—that he should know a little about everything and everything about something. The more he knows about everything the better qualified he will be to perform his duties as hospital Superintendent.

The first thing he should know much about is human nature. This will lead him to be charitable, patient and tactful. His work brings him in contact with the millionaire and the pauper, with the saint and the sinner, with the literate and the illiterate, with the refined and the vulgar, with all of whom he should deal justly and kindly.

The hospital Superintendent must combine the characteristics of the sensitive plant and the leather-wood bush. No position that I know of requires the same amount of delicacy of feeling and at the same time the same amount of "pachydermatousness." Conscious that he and his staff have done their duty, the hospital Superintendent should be hardened to the shafts of unjust criticism, but very sensitive to the wants and needs of the suffering and impoverished patient who seeks the care of the guest-house over which he presides.

It is better, in my opinion, that the hospital Superintendent should have a knowledge of medicine in order to exercise discrimination regarding the admission and discharge of patients, and likewise to appreciate their condition while under his care. This knowledge will be of great assistance to him in dealing with his visiting staff and his house staff. If he has had the training of an interne he will be possessed of a point of view that will be very helpful to him. His medical education, including as it does a knowledge of preventive medicine, will be of much service to him in seeing that all proper sanitary measures are carried out in the institution over which he presides.

The Superintendent should be in touch with sister institutions, such as convalescent homes, houses of providence and other like charities, so that he may know where to send his guests when they are ready to leave. Unfortunately, there are far too few of such institutions for the poor convalescent, particularly if he be an aged person. It is very gratifying to know that in a number of hospitals Social Service Departments are being established whose special work it is to look after the needy convalescent and his family.

The hospital Superintendent should be acquainted with modern business methods. He is one of the large buyers in the community. He must purchase his supplies in the cheapest and best market, in short, he must be a bargain hunter.

The Superintendent has the supervision and care of very valuable property. He has charge of the distribution of many thousands of commodities. In respect to this distribution of supplies he should be satisfied that the requisition upon the stores which come to him for approval are not excessive. To this end he should provide, like the best business houses do, a system of accounting. The knowledge that he is approximately running his institution economically affords a satisfaction second only to that derived from the fact that he is running his hospital efficiently. It is a great comfort to him and of satisfaction to his Board and also to the general public at large (who contribute so largely to the maintenance of his institution) to know that he is living within his means.

The writer is of opinion that much good may be derived from occasional conferences with subordinate officers, with members of the medical staff and members of the house staff in regard to the financial status of the hospital. As a rule, they are interested in learning something of the items of receipts and expenditure, and, having this knowledge of the financial status, are pleased and willing to co-operate with a view to minimizing expenditure and practicing economy.

The Superintendent should be open to suggestions from any of his assistant workers of any rank.

The Superintendent should keep in touch with all new patients. If time permit he should see them, give them a word of welcome, and inform them that if they have any troubles he is at their call. He should know about all serious cases in his institution, having frequent reports as to their progress. He should keep especially in touch with all medico-legal cases, reporting to the coroner upon the death of any patient regarding which foul play is suspected.

The Superintendent should know something (and the more the better) of sanitary science, particularly heating, ventilation, and disposal of refuse, and the handling of contagious diseases. He should have an acquaintance with modern ideas with reference to hospital building—location, size, style, and of the best designs of wards and accessory rooms to best meet the requirements for the modern treatment of all sorts of diseases. This knowledge comes constantly into play. Alterations and replacements are frequent events in the life of all hospitals.

The Superintendent should have more than a superficial knowledge of nursing in order to appreciate the work and demands of the training school. He should be familiar with all the various techniques nurses are supposed to know and to know whether these are being carried out properly.

His knowledge of drugs will be of much service to the Superintendent, particularly in relation to the question of economical prescribing to the patients and the purchase of drug supplies.

The hospital Superintendent should have the full confidence of his Board of Trustees. He is their representative to the public and to all the other officials in the hospital. He should be the intermediary between his Board and the Medical Staff. He should be seized of both points of view—the needs of the Staff and the ability of the Trust to meet such needs. All matters of importance affecting the welfare of the institution he should report to his Board, the Chairman of the House Committee, the Chairman of the Finance Committee, depending on the nature of the question. Any serious difficulties he should report at once. From the various members of his Board he will receive much valued assistance and advice. On the other hand, he should not worry them with petty details of the institution. These he should deal with himself.

The hospital Superintendent should resemble a spring, not a pond. What he learns by his experience (pleasant or otherwise) he should communicate to his confreres through the medium of the hospital journal or the hospital association. A prominent Superintendent informed me a couple of years ago that he did not care to attend hospital conferences as every new idea he got cost money. His point of view, I think, was wrong: the Superintendent's object in visiting hospital associations should be to give out ideas as well as to receive them. Moreover, the introduction of new ideas very often, besides increasing efficiency, saves more money than the clinging to old ideas. This has been the writer's experience.

The Superintendent should be on the alert for ideas either at home or abroad. He will derive much good from frequent visits to other hospitals and such meetings as the present. The more he sees and hears the better qualified he will be to prform his own duties.

If I have one wish more than another to make in relation to hospital Superintendents it is that there should be more opportunities given for training them in this special work of administration. A start has been made in this direction in Grace Hospital, Detroit; Massachusetts General Hospital, Boston, and Columbia University, New York. A chair might be established in some of the large universities with which large hospitals are connected in which doctors, nurses and laymen having an aptitude and inclination for hospital administrative work should have an opportunity of spending three or four months in

observing the practical working of the several departments in the hospital and at the same time receiving didactic lectures on hospital organization, management and construction. These students might spend this time in the offices of the Superintendent, the Superintendent of Nurses, and the accountant; a short period with the housekeeper, with the steward and the apothecary, learning the cost of hospital provisions, drugs and other supplies, how to purchase them, and how to distribute them; in the kitchen, in the receiving room and in the wards; in the out-patient department, studying methods adopted there, paying special attention to social service. Such a course would give invaluable training to anyone called to the high vocation of the Superintendency of a modern hospital.

The President—We will now call upon Miss Morton to read the paper, entitled "The Hospital" (From a Graduate's Point of View), by Miss Carolyn Ross, Private Nurse, Graduate of Toronto General Hospital Training School for Nurses.

Miss Morton—Madame President, I am very sorry that Miss Ross is not here to read her own very excellent paper.

THE GRADUATE NURSE AND HER RELATION TO THE HOSPITAL.

Is the position of the graduate nurse in regard to the hospital not much like that of the child in relation to the parent? For a certain term of years she is subject to its authority, its protection and its guidance. She is thoroughly and intelligently instructed and trained along lines fitting her to leave the parental home and to cope with the business, the social and the moral aspects of her life work, and to give an equivalent to her world for an honorable living. During her time of training, corresponding to adolescence, does she not receive from her Alma Mater practically all that parent owes her, and like the child does she not then owe the gratitude and loyalty accorded a wise and faithful parent?

Among all those in authoirty over her during this formative period, among all those exercising an influence on her life and education at this time, none looms so large in her regard as the Principal of the Training School. No rebuke or word of praise from medical man, head nurse, fellow nurse or patient begins to contain the significance of that of her Principal. Her smile or frown may color the pupil's day. This individual's capacity and standards determine the prestige and success of the nurse graduating from her training school. Naturally the women chosen for this high position are women of ability, integrity and skill in managing others. The nurse in training recks nothing of her harrassments and multifarious duties, and does not take them into account when she exhibits a little irritability, indulges in an unearned sarcasm, or takes a day off to seek trouble in common with the rest of humanity. Yet incredible as it may appear I fancy just some such lapse usually accounts for the petty grudge, the small personal prejudice, occasionally coloring a nurse's esteem for the woman whose very name perhaps gives her her professional standing and under whom she is proud to have trained. Fortunately this is the exception proving a high regard, a devoted loyalty and a personal affection the rule. It is a faulty sense of proportion indeed which obscures the noble woman under trivialities.

The very best material presented to the principals of training schools for selection is none too good for this work of nursing the sick, in its requirements not only of the abilities and qualities of hand and head necessary to other avocations, with the addition of those of heart, with which we currently associate the emotions, but of that compendium of all three which may mar the possibilities of the finest endowments, or secure for the most mediocre talent the very best that within it lies, to wit, character, or if you will, soul power, the amount of spirit and enthusiasm extended in the proper direction and pulsating through every effort. It is this unseen but very potent influence which will vitalize a nurse's work and raise her life in common with all who utilize it, out of the commonplace of the daily grind, making of failure an incentive to renewed effort, and of success courage to proceed. It is that wonderful power which imbues one with poise, courage and self-control.

The woman who finds nursing uninteresting, slavish or degrading, will not prosecute that occupation with anything but failure, for the effect of her personality upon her patient will be far from beneficial, no matter how correct her technique, nor how wide her knowledge of her work. She is the nurse who is likely to close the door upon her patient when scheduled orders are executed and busy herself about her own entertainment, possibly in the ringing up at any and all seasons of her friends upon the telephone, concerned greatly in her own comfort and the shirking of all she legally may instead of rendering the patient every possible service, and insuring to herself the good-will of those about instead of the toleration of a necessary evil.

In this connection might be considered the nurse's attitude toward the "help" in the house, for in this one direction alone much may be done in the way of embroiling the entire household. The statement of one of our nurses, "that though she might regard the lady of the house as her equal she invariably treated the cook as vastly her superior," may be overdrawn, but her attitude should be one of kindly consideration far removed from undue familiarity. Especially if the patient is one of the heads of the family any

want of harmony in the household is apt to creep into the sickroom and the mental effect prove very disturbing. It is one of the first duties of the nurse to keep the patient as serene and bright as possible. She should never betray by word or look the worry or annoyance of herself or others. That poise should be hers which enables her in a crisis to keep her head, and in galling circumstances to keep her temper. It may seem unfair but nevertheless true that one ebullition of temper may so stand out in one's recollection of a nurse as to obscure the memory of what may have been excellent work.

In looking after a patient whose illness is light, or one who is convalescing, the ability to read aloud will be found an invaluable asset to the nurse in its beneficial mental result, and in the whiling away the tedium of the long day when conversation may be fatiguing. To practice reading aloud intelligently and intelligibly is well worth any nurse's while. Men in particular are kept sane and placid where many would otherwise worry and fret during enforced imprisonment. Concerning the nursing of men I would relate that a recent patient of my own, who has during the last few years had occasion to engage the services of several nurses, remarked that he always associated with his thought of the nurse the idea of cleanliness and wholesomenss of mind and person. Is it conceivable that of all a nurse's sins of omission or commission should exist those likely to impair this beautiful concept of her.

It should be unnecessary to warn a nurse against that great failing of the majority of human kind—gossiping. She should not indulge in it to any degree concerning her patients or their homes, and any secret she may become possessed of either inadvertently or through the confidence of her patient, should be guarded as her own. The greatest assurance her patients can have of her fidelity in this matter is that she brings no such material from others to them.

Regarding the nurse's fee, I fancy I have only to say what all nurses devoid of false sentiment must concur in, that a fair provision must sooner or later be made for the expert nursing of the indigent, or those poor but honest folk who are able only to pay in part. A feasible plan was ventilated in the "Canadian Nurse" for December, 1909. The nurse herself should not be the only member of society called upon to meet this want. Besides being at times quite out of employment she can only handle one case at a time when she is employed, and these conditions make her gratis or partially free attendance upon the sick anything but the possibility this privilege becomes to the medical man. When the community contributes to this want and the nurse will be left free to indulge in pet charity, or have the privilege possessed by others of bestowing alms as she wills.

I address a Convention of Superintendents of Training Schools, many of the most able of whom have probably done little or no private nursing. To the nurse who does make private nursing her life work the change from hospital work to that in the homes of the public is just at first a little strange and bewildering; also, through undue assurance, thoughtlessness or inexperience in this new environment, her path may not be just so smooth as it will later become. She may be well equipped in regard to technical knowledge and skill, but hospital boards and medical superintendents naturally regard the nurse in training as hospital property and of course do not concern themselves with her future. But the occasional unfortunate experience might be spared both the nurse and those who employ her if a little seasonable counsel prior to her perpetration upon the public were administered. The unpleasant experiences are not usually of grave import, but might still be prevented if her principal or some graduate of experience in perhaps an interesting series of talks undertook to give her a clearer conception of her position and deportment in private nursing. Nine out of ten nurses may know instinctively the best thing to do under most circumstances, but the tenth would avoid the occasional pitfall by having a few facts impressed upon her. For instance, that the servants in the house in which she may be nursing are not her servants; that as her presence there in any event constitutes more or less of an extra burden she must see to it that no work coming under her jurisdiction be left to them, and she should treat them with uniform courtesy and kindness. She should not regard her patient's telephone as her own, nor should the time for which he is paying her be utilized in using it at any and all times, regardless, perhaps, of his proximity or the comfort of those in the house. She should remember that a patient should not be left to his own devices because he is irritable, but must be won back to cheerfulness and content; that linen can seldom be indulged in in private homes to the same extent as in an institution specially equipped for the sick; that all relatives and friends are due her utmost courtesy and respect; that it is absolutely impossible for a nurse to regard her social pleasures to any very great extent while on a case, and that she must be content to indulge in what offers between cases. In fact, she must ever hold the highest ideal of her work before her in detail as well as in matters of moment.

A duty, however, which even the busiest nurse owes to herself is that of proper recreation while off a case; not merely physical relaxation, but the broadening and tonic mental effect to be derived from seeing a high-class play, hearing a good opera, a fine musician, a great singer, or an instructive lecture when these are possible. Then he who has made friends with the best in literature need never be lonely, and this well-spring of greatness is ever at hand, the possibility of drawing on the finest minds the world has known.

In a talk such as this with a graduating class would it not be wise to introduce the subject of the graduate's responsibility to her various associations and to her nursing journal? The new graduate is not to be altogether censured for the entire lack of interest she usually displays in these matters. When approached on the subject she almost invariably declares, "But I know nothing about it; this is the first I have ever heard of it." Now we all know that the meetings of these Associations are the only occasions on which nurses are gathered together after graduation, and as the new graduates know so little of them, and in consequence care so little that they do not attend them (many during their entire career as nurses) it seems to me that the best possible method of reaching them would be to approach them earnestly on the subject as a class before graduation, and not separately or in a casual or prefunctory manner. Might more not be done in awakening interest and a public spirit in this matter by thus utilizing the authority of the training school than by relegating them to the chance solicitation which may or may not come their way from some member of the Association?

We will look forward hopefully to the time when all our nurses may see their duty to themselves and to their fellow nurses in this respect as clearly as they see their duty to their patient and to the medical profession. Much inspiration and broadening of outlook comes to the nurse faithful to this privilege. May she in every phase of her work and responsibility live in the spirit of the words, "to thine own self be true, and it must follow as the night the day thou canst not then be false to any man."

The President—We have listened with a great deal of interest to these papers. They are now all open for discussion. Surely there is something to be said in connection with these very valuable papers.

Miss Stanley—I am afraid we are all dazed. I forget what Miss Mackenzie said.

The President—We will ask Miss Mackenzie to read her paper over again, it was thought so much of. Would you be good enough, Miss Mackenzie?

Miss Mackenzie then re-read her paper, entitled "The Trained Nurse Through a Business Lens," which was greeted with applause.

The President—Miss Sutherland, won't you say something in connection with this paper?

Miss Sutherland—Madame President, I am afraid what Miss Mackenzie has said in relation to the nurse and her ideas of contracts is, alas, only too true; a great many graduates do not seem to have that sense of business responsibility or have any, what business men call, business morality about them; they do not seem to realize when they have given their promise that their own inclinations must not interfere with it, and until we do make up our minds to impress that sort of thing very forcibly in training, I suppose, they will continue to do so, so I see it is up to the Superintendent of Nurses to correct that. (Laughter.)

The President—Our burdens are many.

Miss Stanley—When the last paper was being read I kept plumeing myself and saying, Well, Miss Sutherland is behind us, she has told us just what the Superintendent is and can do. Now she is telling us what we should do. After all I think that paper hits the graduate nurse pretty hard. The poor Superintendent is the victim, but the graduate nurse is at fault.

Miss Flaws—I think I can quote from Mrs. Robb that we cannot in three years undo what the grandmothers and mothers did before us. I am saying one word for the Superintendents because they really have been taught to look into their own work and about themselves, but these papers and these knocks have been given to us with the utmost kindness I am perfectly sure, but I think three years is almost too short a time to undo some of the bad qualities they come to us with. The responsibility, I do feel, with us is that we have the choosing of our pupils, and I think that is the place where we should begin and try to choose the proper women, then we have the privilege at any time during the whole course of sending pupils home if we feel they are not going to be a credit to us. I think it is the part that we can do if we try.

The President—It still comes back to us.

Miss Stanley—No. I still think the Graduate Nurses' Association is represented here and I would like to hear from them.

The President—Miss Crosby, will you speak?

Miss Crosby—I suppose the graduate nurses must shoulder their share of the responsibility in this matter and I felt when Miss Mackenzie was reading her paper it was really the graduate nurse to whom she was talking. That is my own impression of it. We can learn a good many lessons from her paper, to be better women, better from a business standpoint and better from the professional standpoint, looking at our profession from all points of view, and while we have to share our responsibility we do not want to push our responsibility on to the Superintendents at all. The graduate nurses have their share and we must do all we can to make the profession what the Superintendents are trying so hard to make it and put it on the high plane we all want it to take. (Applause.)

The President—We tried for many years to have an Assoication here and to have meetings held for educational purposes and to have everything of that description, and for a few months they were very well attended, after that we would go time after time

to the meeting place and there would be one or two from here and one or two from some other school—a very poor representation from the training schools, and finally we as a body were obliged to give up these meetings so that I think the graduate nurse has a good deal to answer for as well as the Superintendent. I think the President of the Nurses' Club would be able to tell us, because she was on that committee with me, that we strove very hard for the education, enlightenment and encouragement, but we didn't get very much of it. Mrs. Pellatt, won't you say something in that connection?

Mrs. Pellatt—I can vouch for the fact it was very hard to get a quorum of nurses at any meeting I had anything to do with. I think the graduate nurses ought to shoulder their responsibility in the matter. I think the suggestion I have heard put forward here in the meeting this morning, and also last night, ought to help very materially, one being that the graduate nurses should be allowed to give a talk to the graduating class before leaving the hospital, because they who have gone and borne the brunt of the battle would be able to possibly impress upon the young nurses what they have got to meet from the outside. Then also the suggestion made this morning that the Superintendent should by some means or other, or perhaps the Graduate Nurses' Association, give talks in the ladies' colleges and schools to the girls and women who will finally become the nurses in the training schools; catch them as young as you can, and if we can get them before they come into the training school it will be better than taking them there when they are older.

The President—When you are in the school you have the idea that the Superintendent is always talking to you about something and trying to make you feel uncomfortable and that you ought to be doing something else than what you are doing. They don't always appreciate what you are saying to them, but I have had many a graduate come back to me and say, "Miss Brent, we have realized what you said to us in our training was true and that it was the little things that counted." I don't think they appreciate what we have said to them until they go out; they simply think it is part of their training, but when they go out from the school they realize, if they are the proper kind of women, that the talks we have given to them have been of value. But, it comes back to the same thing again, we have great difficulty in selecting, or we are not always wise in the women we select, but we cannot always be sure of them.

Our idea in connection with the papers with regard to the hospital was that we would get light upon the views of those people and see if we could work more in harmony than we had worked perhaps in the past. There sometimes seems difficulty between the Superintendent of the nurses and the Superintendent of the hospital, then the graduate comes into the school and criticizes both, so that I thought if we could get any discussion from the Superintendents of hospitals or the Superintendents of nurses, or if we could meet together and have unity of purpose, perhaps it would be a very good thing. I would like to hear any discussion on those papers.

Miss Stanley—I would like to ask Miss Sutherland from her point of view at Hartford if she was able to give this special course throughout the year to many of her class or just a few?

Miss Sutherland—To just a few, to those who had shown they were capable. I don't know that I made that point very clear. There is one graduate nurse who is the head of a series of wards containing about fifty patients, then there are two graduate head nurses under her, and they have rendered the duties of a head nurse, and after they have completed that and have shown they are capable of going on with this class of work then they are taken into the office and from there they radiate to these various departments; they have no special duties there, it is whatever comes up whenever the opportunity offers. For instance, when anaesthetics are to be given they are sent off to the operating room to learn anaesthesia, or during the heavy times in the laundry they can go there. It is only a few who are eligible for that work.

Miss Stanley—Do you find the different departments willing to hear this instruction?

Miss Sutherland—Yes.

Miss Stanley—Are they put under the direction of a manager in the laundry?

Miss Sutherland—They have to be.

Miss Stanley—The same way in the business office.

Miss Sutherland—Yes, under the Superintendent of the office and under the chief bookkeeper.

Miss Green—I think it has been emphasized again and again that the personality of the nurse herself counts more than anything else. The Superintendents can do the best they can and if the material is not there I don't think they can succeed, and the training schools that advertise for nurses in the newspapers and who require nothing else but that they should be of a certain age, I don't know that that is going to help the profession.

The President—Is it general to advertise for probationers?

Miss Green—Perhaps not general, but some schools do.

Mrs. Pellatt—Some years ago, when many of us graduated, there was a regime in which the nurses in training obtained a certain amount of money remuneration each month, perhaps only ten cents a day, as I remember it was in my time. But, I think it is a different class of women possibly who were chosen at that time to go into training.

Now the training schools are offering no money each month and it is possibly a different class who are drawn into them, and it is not always for the betterment of the profession.

Miss Sutherland—Madame President, I really think that has not had a very great deal to do with it. I think nurses as a general thing are not drawn from among the wealthier class of people, and I do not really see why a small remuneration offered to the nurses should keep out the better class of women. It means simply that after the woman reached the age of twenty or twenty-one ordinarily she would be self-supporting, but when she enters the school, when she gets no remuneration, it means, of course, she goes on for three years and has to look to her family for support during those there years; and, as I said before, the majority of the nurses are not drawn from the wealthier classes, and it is not equivalent, of course, to giving the daughter a college education, but it means sustaining her and supporting her after she has reached the age when ordinarily she would be able to support herself; so that I really do not see why there should be any reflection upon the schools that are paying their pupils because I really do not think that it does make them a different class of women at all.

The President—I think the majority of the schools pay, but I think Mrs. Pellatt meant now those that were not being paid, that that was making the difference; that many of the schools were not paying them and consequently we were getting a class of girls that did not require, perhaps, to enter the training school but did it merely for a fad or something of that sort.

Mrs. Pellatt—Yes, Madame President, that was the idea. At the time many of us trained that ten cents a day meant a great deal. We couldn't afford to spend two or three years for nothing and our friends could not afford to support us during that time. It may be at that time a stronger class of women may have gone in.

The President—That is possible, I think. I don't know how many of the training schools do not pay. I know we do not, but we give them their uniforms and text books and everything of that sort, so that they really have practically very little except their own individual expense. We do not ask them to pay anything to enter the school or the preliminary class. When we decided to adopt the non-payment system my Board promised that money should be spent on the education of the nurses, and that was the only way in which we could establish the preliminary course. Of course, the paltry four dollars a month didn't mean a very great deal to them, but in the aggregate it meant a great deal to us. We are now paying about twice that amount, I think, in paid instructors and text books.

Mrs. Paffard—Another idea has occurred to me, Madame President. Are probationers being accepted at a younger age than they were formerly? Some years ago the probationers, the applicants, were a little older; a good many of them had been teaching school, probably had been in positions of responsibility, and they accepted the training much better, they accepted all that was taught them; they were taught to respect their Superintendent and their head nurses, and there were degrees of seniority all through the schools, which in some schools, I believe, has not been maintained, and they were much better able to shoulder the responsibility. I find now in a great many cases they do not take the responsibility, they do not care what orders they get from some of their seniors, and they do pretty much as they like, and I think that is going to be very detrimental if the Superintendents know about it. They don't know about it; if they did they wouldn't allow it to exist. I think it comes back to pretty much the same point, if they are not careful in their choice of applicants and watchful of them all through their course and those they put in charge of them they can't expect to turn out good graduates. I have also heard that a great many Canadians go to the American schools because they get more remuneration than in the Canadian schools. I think the main idea is for the Superintendents and graduate nurses to understand one another, and if all this discussion is not going to do some good then I am afraid our Association is not going to be of much benefit.

Miss Stanley—Madame President, whatever else a nurse does lack she doesn't lack bravery.

Mrs. Paffard—I wouldn't for a moment cite any particular school, but I know in some cases it does exist that you don't know of.

Miss Stanley—I don't know. I don't believe there are many schools where the Superintendents permit seniors and juniors to go through the course without any restriction, pell-mell in the old way.

Miss Robinson—Madame President, may I say one word. To go back to first principles, I agree with what Miss Greene says. I believe it is in the individual and it is the result of the trend of the times. I am not a octogenarian myself, but still I know it is a great deal different nowadays, and with much less knowledge of the moral responsibility. I think the whole trouble is, as you said yesterday, if we could train the mothers, and, as Mrs. Robb said, train the grandmothers, we would have different nurses to train to-day. They have so little sense of moral responsibility and so little religious training that they are lacking in the first points of honor, and it is very difficult for us to take young girls and make out of them the type of women we want to see in the nursing profession to-day.

Miss Sutherland—Don't you think sometimes the point of view is rather biased? Just the other day I handed over to a nurse who has just graduated, who is one of my clerical assistants, some papers to correct, and I went over them after her and I said, I think you are marking very closely; I think you might have given more for this or that question; and she looked at me and said: "Well, I know when I was being trained I would have been scolded very much if I hadn't known that and known it better than that nurse does." Don't you think there is a good deal after all in the point of view?

The President—I think so.

Mrs. Vandusen—I may be a stranger to you all, but I have trained both in Canada and the United States; been Superintendent in both countries. I agree with a great many of the ladies in training. I don't go back as far as the last speaker, who said it was the home. We have to work from the home material and we do have great disadvantages. The standard of school education of to-day is much higher than when we were girls. Although we thought our parents did everything to give us the best advantages, still the educational standard is so high to-day it becomes very hard for us to cope with it as Superintendents. We have our training and our course, and we think we benefit by these conventions from time to time. I do think they are an inspiration. I have only been able to attend the meetings to-day and I feel them quite beneficial to me, and although I have been out of the work for a little while I still show my interest, and I have great sympathy for the past nurse and for the present nurse, and I have greater sympathy for the Superintendent.

The President—Yes, I don't think the Superintendent gets very much sympathy.

With regard to the youth of the nurses I think possibly I have occasionally taken a nurse in under twenty-one, but I may say that to-day one of my best nurses is that young girl, and my assistant will tell you that we haven't had more satisfactory work from any of our older nurses than we have had from her. In fact, I think she stands a very good chance of the scholarship; so I think it comes back again to the individual.

Mrs. Fournier—I would like to speak of that matter of coming back again and again to the individual. I think there are no Superintendents of nurses present but realize that that is the key to the situation, the individual, but as we stand to-day we seem unable to simply turn the key that brings in just exactly the right material into our training schools. I don't think it is so very difficult for us to discriminate between individuals, but our hospitals demand so much of our training school and so much of all our nurses that we have to have a certain number, and from those presenting themselves we frequently have to err on the side of accepting some we hope will work out under our management and instruction; and I am sure every Superintendent of nurses here will agree with me that those nurses we accept, knowing they are inefficient, are the thorns we have to deal with during their entire course. The young nurses that come to us with all the necessities, all of the necessary qualities are comforts, they are our supporters; We feel we can put them anywhere and we can trust them, they learn so well and so aptly; but the nurse we took in with all her inefficiency, we are carrying her, boosting her in every place, and we only take her because it is an absolute necessity, and my idea is that it is wrong at the root of things. We should not as training schools be expected to take care of all our patients in the hospitals. As long as our hospital demands all of our nursing being done by the training school we are going to get further and further into the mud. Years ago, when a great many of us graduated, it was in the early days of the training school, and we could take from women of an older class. We have drawn from that class and we have trained women of that class. Now the young women are coming up and our training school demands more and more and the supply is not enough. There are many openings to-day that were not in existence when our training schools opened their doors and I think the source of the trouble is in the fact that we are taking in, because of necessity, women unfit for this work.

The President—Now, the question comes: Can we remedy it?

Miss Flaws—Is the nursing profession the only profession that cannot get enough applicants to carry on its work? Doctors and lawyers can get all they want, and why should the nursing profession be short of applicants?

The President—The demand is much greater, I think. Of course there is not a class of women that are so criticized as nurses. I think other women can go along and do a great many things that would never be spoken of, but a nurse, as Mrs. Robb says, is supposed to be an intelligent saint, and there don't seem to be a very great many intelligent saints among us. (Laughter.)

I know in going over the work for my preliminary class—I always take it myself on ethics—I tell them the standard that is set before them and what we expect of them, and I say, any of you that feel you cannot come up to that standard, and have no inclination for it, you had better drop out by the way, but I notice there are not very many that do it.

A Delegate—Is it possible that there are so many faulty nurses, or are they expected to have a monopoly of all the virtues?

The President—I think we are expected to have a monopoly of all the virtues. A patient once said to me there are no perfect nurses. No, I said, if you can get a perfect patient or a perfect physician I will be glad to meet them.

Miss Stanley—In New York last week they had great difficulties, but they were taking up a great deal more than we are. They wanted to have all kinds of things taught in the schools, while we are very modest, I think, all we want is to have a little common sense to begin and teach them to take care of the sick, but there they must have occupation for the invalids, and this and that. When we begin all that I think our difficulties will be greater than they are now.

The President—One of the gentlemen who spoke in New York the other day said the head and hand have to be cultivated together; he said we should dignify our work—it was mere drudgery if only a certain amount of time was given to theory.

Miss Stanley—Dr. Brown rather astonished me. I don't know whether he did the rest or not, because I think when the Superintendent of a hospital comes before us to tell us the duties of Superintendents of hospitals we begin to quake, but I think we must endorse what Dr. Brown said. I think a Superintendent must do and act very much as he has outlined. I think he has a right to know how nurses are being trained to a certain extent so that at least when criticisms come to the office he will be able to understand them. And I was very much pleased with Dr. Brown's paper.

The President—It was very good of Dr. Brown to come to us in his busy life. He was good enough to say that I had helped him and he was good enough to help me. I think it is desirable to have a little more discussion on that if we could. I have never had the pleasure, or perhaps the reverse, of working with a medical Superintendent. Have you worked with a medical Superintendent, Miss Flaws?

Miss Flaws—I nave worked with both a medical Superintendent and with a layman part of the time and I would much rather work with a medical Superintendent, if he is a proper man and knows his work.

The President—I think possibly if the question was solved there are medical Superintendents and medical Superintendents, and Superintendents of nurses and Superintendents of nurses, and the question comes back again to the ability and individuality of both.

If there is no further discussion we will hear from the Nominating Committee.

Miss Maloney—The list of officers of the Society for 1910-11 is as follows:

President—Miss Mary Ard Mackenzie, R.N., Ottawa.

First Vice-President—Miss Louise C. Brent, Toronto.

Second Vice-President—Miss Margaret E. Stanley, R.N., London.

Secretary—Miss Alice J. Scott, R.N., Toronto.

Treasurer—Miss Annie E. Robinson, Galt.

Auditors—Miss Kate Matheson, Toronto, and Miss Zeda Young, Montreal.

Councillor to take Miss Mackenzie's place—Miss Hersey, of the Royal Victoria Hospital, Montreal.

Miss Matheson moved, seconded by Miss Clara Greene, that the report of the Nominating Committee be accepted.—Carried.

The President then introduced the question of the next place of meeting and stated that two invitations had been received, one from Niagara Falls, Ontario, and one from Gravenhurst, Ontario.

A short discussion ensued.

Miss Robinson—In view of the fact that the Canadian Hospital Association meets in Niagara Falls next year I have much pleasure in moving that this Association meet there at the same time. While we appreciate very much the invitation from Gravenhurst I am sure it will be a great advantage for those who cannot spare very much time, and who wish to attend the combined meetings, to go to Niagara Falls.

Miss Malony—I have much pleasure in seconding that motion.

The President put the motion which, on a vote having been taken, was declared carried.

The President—We will ask Mrs. Fournier to carry over her invitation for another time.

Mrs. Fournier—I was going to tell the Secretary that the invitation is to remain on the board.

Miss Rogers—We will be pleased to have this Association, as well as the others that have been mentioned, meet together next year at Niagara Falls.

The President—I think the opinion of this meeting will be that the united meetings have been very inspiring and I hope united meetings will be in order next year.

I have now pleasure in calling upon Miss Mackenzie, our President elect, to come forward.

Miss Mackenzie on going to the platform was greeted with applause and said: I want to thank you very much for the honor you have bestowed upon me, but I am very sorry that you have done it. That is a little Irish, but I think some one else could have filled the office very much better, for a number of reasons, but seeing that you have put me into the office I will do my very best to further the interests of the Society and make the Society a success for the year that I shall be in office. I thank you very much.

Miss Brent, the retiring President, here left the chair and the same was taken by Miss Mackenzie.

Miss Morton moved, seconded by Miss Malony, that letters of appreciation be sent to his Worship the Mayor, the Rev. Mr. Owen, Mr. John Ross Robertson and Miss Brent for their very great kindness during the meetings of the Association. The motion was carried by a rising vote.

The President—I understand some of the members have contributed albums to this Superintendents' Society and if there are any others who would contribute theirs we would be very glad indeed to complete our collection. Write the Secretary signifying your willingness to do so.

Miss Brent—May I make a suggestion? We had amongst us to-day one who is retiring after twenty-five years of service. I think it would be perhaps in order that this Society should send a letter to Miss Snively saying that we appreciate what she has done for the Society and for nurses in the past, and if that meets with your approval I will be glad to have a seconder. Also, I would like to say I thank you very much for your expression of appreciation for what I have done. I would like to say I would not have been able to do my work at all had it not been for Miss Scott, who came so bravely to the front and assisted me after the death of our Secretary, and I cannot say too much for Miss Scott's kindness and assistance in connection with the work we have done. I am quite sure it would have been a failure if it had not been for Miss Scott.

Miss Stanley—I take very much pleasure in seconding the motion of Miss Brent with reference to Miss Snively.

The President put the motion which, on a vote having been taken, was declared carried.

The President—I think Miss Brent mentioned about the illness, the very severe illness, of the Treasurer, Miss Chesley. I should like to know if it is your pleasure that a letter of sympathy be sent to her in her severe illness with the hope that she will recover soon.

Miss Matheson—I beg to move that a letter of sympathy be sent from the Association to Miss Chesley sympathizing with her and regretting that she is not able to be with us to-day and hoping she will recover soon.

Miss Brent—I second that.

The President put the motion which, on a vote having been taken, was declared carried.

Miss Malony—I would like to move a vote of thanks to Miss Scott for the work she has done in acting as Secretary since Miss Chesley has not been able to do her duty.

The President—I think all of you agree with that and we will have it by a rising vote thanking Miss Scott for filling in the gap so very ably. (At the request of the President the members rose.)

Miss Scott—Thank you very much, ladies, for this expression of your appreciation. I also want to thank you personally for the very generous and hearty response that I had to the circular letters that were sent out in January for the hospital forms, and the beautiful collection we have to-day reflects very great credit on the superintendents and the work they are doing in their schools. So accept my personal thanks for the very generous and hearty way in which you all responded.

The President—I might mention as you go out that there will be some one at the door to receive the annual dues of any who wish to pay them.

If there is no other business to come before the meeting will some one move the adjournment?

On motion of Miss Malony the meeting adjourned at 4.30 p.m.

CABLE MESSAGE SENT TO HER MAJESTY QUEEN ALEXANDRA.

Queen Alexandra,
London.

Canadian Society Superintendents' Training Schools, Canada, and Graduate Nurses' Association, Ontario, now meeting Toronto, respectfully loyally tender tribute their sympathy Queen Alexandra in hour of her deepest sorrow.

LOUISE BRENT,
ELIZABETH CURRIE,
Presidents, Toronto.

CABLE MESSAGE SENT TO MISS FLORENCE NIGHTINGALE, O.M.

Florence Nightingale,
London.

Canadian Society Superintendents' Training Schools, Canada, and Graduate Nurses' Association, Ontario, now meeting Toronto, remember with gratitude ninetieth birthday Florence Nightingale, whose fame is treasured in every heart and name loved in every land.

LOUISE BRENT,
ELIZABETH CURRIE,
Presidents, Toronto.

REPLY.

Presidents, Canadian Society of Superintendents of Training Schools and Ontario Graduate Nurses' Society.

Queen Alexandra thanks you for your most kind sympathy in her terrible bereavement.

10 South Street, Park Lane,

May 27, 1910.

Owing to Miss Florence Nightingale's great age and failing health she is no longer able to give individual attention to the numerous letters and telegrams addressed to her. Her Secretary, therefore, regrets it is impossible to send a direct message from Miss Nightingale, but desires, on her behalf, to thank the Canadian Society of Superintendents of Training Schools in Canada and the Graduate Nurses' Association, Ontario, for the very kind message received by cablegram.

OFFICERS—1910-11.

President—Mary Ard Mackenzie, R.N.
First Vice-President—Louise C. Brent.
Second Vice-President—Margaret E. Stanley, R.N.
Treasurer—Annie I. Robinson.
Secretary—Alice J. Scott, R.N.
Auditors—Kate Matheson, Zeda Young.
Councillors—1908, Miss Livingston, Miss Mackenzie, Miss Craig; 1909, Miss Meiklejohn, Miss Morton, Miss Rodgers; 1910, Miss Horsey (taking Miss Mackenzie's place).

Letters of regret received from: Miss Meiklejohn, Quebec; Miss Hawley, Indian Mission, Sask.; Miss Ada J. Ross, Selkirk Hospital, Selkirk, Man.; Miss Lewis, Maternity Hospital, Montreal; Miss McColl, Maternity Hospital, Ottawa; Miss Jacobs, Philadelphia.

Collections of forms were received from the following: Royal Victoria Hospital, Montreal; Victoria Hospital, London; General Protestant Hospital, Ottawa; Hartford Hospital, Hartford, Conn.; Hospital for Sick Children, Toronto; Grace Hospital, Toronto; Riverdale Hospital, Toronto; Jeffrey Hale Hospital, Quebec; Maternity Hospital, Montreal; Ross Memorial Hospital, Lindsay; Medicine Hat Hospital, Medicine Hat; Red Deer Memorial Hospital, Red Deer; General Hospital, Winnipeg.

Hon. Members—Mr. John Ross Robertson, Mrs. Boomer.

MEMBERS WHO REGISTERED.

Miss E. V. Austin, Superintendent Cottage Hospital, Pembroke, Ont.
Miss Georgie M. Moloney, Superintendent Jeffrey Hale Hospital, Quebec, Que.
Miss Ada C. Hodges, Superintendent Alexandra Hospital, Ingersoll, Ont.
Miss Mina Rodgers, Superintendent Niagara Falls General Hospital, Niagara Falls, Ont.
Miss Augusta Blakely, Superintendent Yorkton Hospital, Yorkton, Sask.
Miss Mary Ard Mackenzie, Chief Superintendent Victoria Order of Nurses, Ottawa.
Miss M. E. Stanley, Superintendent Victoria Hospital, London, Ont.
Miss M. Y. E. Morton, Superintendent General and Marine Hospital, Collingwood, Ont.
Miss Nellie M. Miller, Superintendent Ross Memorial Hospital, Lindsay, Ont.
Miss N. Johnston, Superintendent Orillia Hospital, Orillia, Ont.
Miss Annie I. Robinson, Superintendent Galt Hospital, Galt, Ont.
Miss Clara H. Green, Superintendent Belleville Hospital, Belleville, Ont.
Miss I. Wilson, Superintendent General Hospital, Winnipeg, Man.
Miss Louise C. Brent, Superintendent Hospital for Sick Children, Toronto.
Miss Alice J. Scott, Superintendent of Nurses, Grace Hospital, Toronto.
Miss Florence Potts, Assistant Superintendent, Hospital for Sick Children, Toronto.
Miss Kate Matheson, Superintendent Riverdale Hospital, Toronto.
Miss Jane Craig, Superintendent Western Hospital, Montreal.
Miss Mabel F. Hersey, Superintendent of Nurses, Royal Victoria Hospital, Montreal.
Miss Agnes C. Bushfield, Superintendent Western Hospital, Toronto.
Miss Anna C. Hodges, Superintendent Alexandra Hospital, Ingersoll.
Mrs. Annie G. Saunders, Red Cross Hospital, Cobalt, Ont.
Miss Lina L. Rogers, Superintendent School Nurses, Toronto.
Miss Pauline Martignoni, Superintendent Orthopedic Hospital, Toronto.
Miss May Brennan, Operating Room Nurse, Hospital for Sick Children, Toronto.
Miss Helen McMurrich, Instructress to Probationers, General Hospital, Montreal.
Miss Christina McPhail, Night Supervisor, Hospital for Sick Children, Toronto.
Miss Kinder, Teacher of Probationers, Hospital for Sick Children, Toronto.
Miss Jean L. Edgar, Night Supervisor, Hospital for Sick Children, Toronto.

DELEGATES.

Miss Julia B. O'Connor, Directress of Nurses, St. Michael's Hospital, Toronto.
Miss Sarah Stroftrom (Graduate), St. Michael's Hospital, Toronto.
Miss N. McWilliams, Superintendent of Nurses of Hospital, Oshawa.
Miss Annie M. Trout, Superintendent, Royal Alexandra Hospital, Fergus.
Miss Annie York (Graduate), Western Hospital, Toronto.
Miss Josephine Hamilton (Graduate), Hospital for Sick Children, Toronto.
Miss Bella Crosby, Associate Editor "Canadian Nurse," 78 College St., Toronto.
Miss Helen M. Fox (Graduate), Royal Victoria Hospital, Montreal.
Miss Mary J. Kennedy (Graduate), The Haunt Hospital, Erie, Pa.
Miss Mabel C. Bruce (Graduate), Newark City Hospital, Newark, N.J.
Miss Mary E. Butehart (Graduate), Western Hospital, Toronto.
Mrs. Amy S. Downey, Registrar Central Registry, Toronto.

LIST OF MEMBERS OF THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

Mrs. Horatio Walker, 5100 Pasadena Ave., Los Angeles, Cal.
Miss Aikens, Assistant Editor "Hospital Record," Detroit, Mich.
Miss L. C. Brent, Hospital for Sick Children, Toronto.
Miss Blakely, Yorkton, Sask.
Miss Brerton, Dauphin, Man.
Miss Bowman, Portage la Prairie, Man.
Miss Banks, Care of S. S. Brogden, Mariposa, Alta.
Miss A. Chesley, St. Luke's Hospital, Ottawa, Ont.
Miss Duncan, Owen Sound, Ont.
Miss Green, Belleville, Ont.
Miss Henderson, Richmond, Va.
Miss Kirk, St. Barnabas Hospital, 6th and 9th Ave., Minneapolis, Minn.
Miss M. L. Lewis, Maternity Hospital, Montreal, Que.
Miss Livingston, General Hospital, Montreal, Que.
Miss Micklejohn, 64 Maple Ave., Quebec, Que.
Miss Maloney, Jeffrey Hale Hospital, Quebec, Que.
Miss McFarlane, General Hospital, Vancouver, B.C.
Miss Morton, General Hospital, Collingwood, Ont.
Miss Miller, Ross Memorial Hospital, Lindsay, Ont.
Miss McWilliams, General Hospital, Fergus, Ont.
Miss McDonald, Central Hospital, 524 William St., Oaklands, Cal.
Miss Mathieson, Riverdale Hospital, Toronto, Ont.
Miss Robinson, General Hospital, Galt, Ont.
Miss Snively, General Hospital, Toronto, Ont.
Miss Scott, Grace Hospital, Toronto, Ont.
Miss Sharpe, General Hospital, Woodstock, Ont.
Miss Shaw, Montreal General Hospital, Que.
Miss Stanley, Victoria Hospital, London, Ont.
Miss Southcot, St. John's Hospital, Nfld.
Miss Tolmie, John Stratford Hospital, Brantford, Ont.
Miss Wilson, General Hospital, Winnipeg, Man.
Miss C. Hall, W. C. A. Hospital, Jamestown, N. Y.
Miss Craig, Western Hospital, Montreal, Que.
Miss McColl, Maternity Hospital, Ottawa, Ont.
Miss Horner, Reception Hospital, Saranac Lake.
Miss Gertrude Shields, Almonte, Ont.
Miss Birtles, General Hospital, Brandon, Man.
Miss Woodland.
Miss Sheraton, Aberdeen Hospital, N. Glasgow, N.S.
Miss Isabella Brown, Royal Jubilee Hospital, Kenora, Ont.
Mrs. Mounsey, Cottage Hospital, Swan River, Man.
Miss Kate McTavish, St. Andrew's Hospital, Atlin, B.C.
Miss K. O'Connor, Isolation Hospital, Ottawa, Ont.
Miss Hester Hardinge, District Superintendent, Victorian Order, Ottawa, Ont.
Miss McKenzie, General Superintendent, Victorian Order, Ottawa, Ont.
Miss E. Chalmers, General Hospital, Regina, Sask.
Miss McFadyen, General Hospital, Sherbrooke, Que.
Miss Austin, Cottage Hospital, Pembroke, Ont.
Miss J. Scott, Calgary, Alta.
Miss M. L. Jacobs, Chestnut Hill Hospital, Chestnut Hill, Pa.
Miss F. Campbell, Victoria Hospital, Prince Rupert, B.C.
Mrs. M. C. Jackson, R.N., The Public General Hospital, Chatham, Ont.

Miss M. Adcour, MacLeod General Hospital, MacLeod, Alta.
Miss N. Rodgers, General Hospital, Niagara Falsl, Ont.
Miss N. Johnston, General Hospital, Orillia, Ont.
Miss C. Fraser, Midland and Penetang General and Marine Hospital, Midland, Ont.
Miss M. McDermid, The Galt Hospital, Lethbridge, Alta.
Miss B. Miller, Amasa Wood Hospital, St. Thomas, Ont.
iss K. Smith, General Hospital, Moosejaw, Sask.
Miss Copeland.
Miss Young, General Hospital, Montreal, Que.
Miss Webster, General Hospital, Montreal, Que.
Miss Strum, General Hospital, Montreal, Que.
Miss Duncan, General Hospital, Montreal, Que.
Miss Tedford, General Hospital, Montreal, Que.
Miss Shaw, Jeffrey Hale Hospital, Quebec, Que.
Miss Maxwell, St. Luke's Hospital, Ottawa, Ont.
Miss Potts, Hospital for Sick Children, Toronto, Ont.
Miss Kinder, Hospital for Sick Children, Toronto, Ont.
Miss Wren, General and Marine Hospital, St. Catharines, Ont.
Miss Dulmage, Victoria Hospital, London, Ont.
Miss Welsh, Victoria Hospital, London, Ont.
Miss Pashley, Victoria Hospital, London, Ont.
Miss Gilmore.
Miss Hall, Royal Victoria Hospital, Montreal, Que.
Miss Broshfield, Western Hospital, Toronto, Ont.
Miss Ada I. Ross, General Hospital, Selkirk, Man.
Miss Mary A. Catton, Lady Stanley Institute, Ottawa, Ont.
Miss Margaret S. Parkes, Queen Victoria Memorial Hospital, North Bay.
Miss Annie C. Hodges, Alexandra Hospital, Ingersoll, Ont.
Mrs. Annie E. Saunders, Red Cross Hospital, Cobalt, Ont.
Miss Mabel F. Hersey, Royal Victoria Hospital, Montreal, Que.
Miss Lina L. Rogers, Superintendent School Nurses, Toronto, Ont.
Miss Pauline Martignoni, Orthopedic Hospital, Toronto, Ont.
Miss Nita A. McLennan, Royal Victoria Hospital, Barire, Ont.
Miss Annie E. Hawley, Lady Minto Hospital, Minnedosa, Man.

LIST OF ASSOCIATE MEMBERS.

Miss Cringle, Toronto General Hospital, Ont.
Miss Huckley, Toronto General Hospital, Ont.
Miss Kerr, Toronto General Hospital, Ont.
Miss Stewart, Toronto General Hospital, Ont.
Miss L. Sharp, Toronto General Hospital, Ont.
Miss Caswell, Sandford Hall, Flushing, N.Y.
Miss Gallagher, Protestant Hospital, Ottawa, Ont.
Mrs. Emms, St. Andrew's Hospital, Atlin, B.C.
Miss M. A. B. Ellis, Toronto General Hospital, Ont.
Miss M. F. Gray, General Hospital, Winnipeg, Man.
Miss Mathieson, General Hospital, Winnipeg, Man.
Miss Rudd, General Hospital, Vancouver, B.C.
Miss Burgess, General Hospital, Vancouver, B.C.
Miss Dixon, Victoria Hospital, London, Ont.
Miss J. Edgar, Hospital for Sick Children, Toronto, Ont.
Miss May Brennan, Hospital for Sick Children, Toronto, Ont.
Miss Nellie Goodhue, Royal Victoria Hospital, Montreal, Que.
Miss Mildred White, Royal Victoria Hospital, Montreal, Que.
Miss Helen McMurrich, General Hospital, Montreal, Que.
Miss Christina McPhail, Hospital for Sick Children, Toronto, Ont.

HOW BEST TO TRAIN OUR NURSES FOR HOSPITAL POSITIONS.

The range of this paper, is not, I infer to include the training obtained by post-graduate work, such as is offered to the graduates of a few hospitals, or to the course in Hospital Economics in Teachers' College, Columbia University, New York City, but rather, what advantages or special training can be afforded to the pupil nurse during her three years' course to fit her to enter upon the duties of a Head Nurse either in her own hospital or another hospital or institution as the capable head of one of its departments, or to undertake the management of a small hospital.

Recent experience would seem to indicate that the problem is not altogether "How to train the nurse, etc.," but how to insure her continuing in the work after she is trained, installed in a hospital position and from all accounts is doing creditable work.

If in five cases, in periods varying from a few months to a year and a half, after the nurse enters upon the work for which she seemed especially fitted, an immaculate invitation from Mr. and Mrs. A. is received, requesting the honor of your presence at the marriage of their daughter, etc., the question is apt to arise, "What is the use?" but the answer comes in the form of a request for someone to take the place of the one who has left the ranks of hospital workers, so we face the problem once more in the hope that some, at least, will remain long enough to justify the expenditure of time and energy devoted to their training. It seems that our attitude in the matter has to be that of a leader who said of one of her pupils, "I made her, in spite of herself, I made her."

I should prefer that you consider the title of this paper to be "Some methods of preparing nurses for hospital positions," rather than "The best way to train our nurses for hospital positions." The latter is rather a large order and one on which few of us feel quite ready or competent to give an authoritative opinion, but I am glad to present for your indulgent consideration some of the methods which have been in vogue in Hartford Hospital Training School, by which we hope to give a few of our nurses, at least, a working knowledge of the administration of the departments of the hospital in which they have been trained, in addition to the technical course of caring for the sick.

The employment of the term "senior nurse" involves more in Hartford Hospital than it may in other schools, owing to the fact that there are operating rooms in connection with four of the wards. While the head nurse is in the operating room, it devolves upon the senior nurse to assume the head nurse's duties during the busy morning hours.

One large department of fifty beds, including medical, surgical and private room patients, affords opportunity for the employment of a graduate supervisor with two pupil head nurses under her.

A few years ago, I listened with rather mixed feelings to a very able paper, in which the writer (Charlotte Aikens), arraigned the training school methods, which allowed endless time to be expended upon the nurse acquiring almost perfectly useless knowledge and failed utterly to provide her with the opportunity to learn the things which are absolutely essential to fit her to take a position of responsibility which involves more than a knowledge of how to care for the sick. Some of the questions asked and the criticisms made were, "Why should not those in charge of wards be taught the value of the supplies used?" Head nurses are, as a rule, ignorant of the value of the goods they are using and of where they are obtained. Is there any reason why nurses in training should not be taught to purchase institutional supplies? Would not a few classes in simple business methods and banking, given to institutional nurses, be of distinct value? A nurse going to take charge of a small hospital must know something of the way to manage a hospital kitchen and laundry, but we studiously avoid giving her the slightest glimpse into these departments, while she is in training. In almost every other kind of schools, except a Sunday School and a Hospital School, teachers are supposed to be taught how to teach, but in a Hospital School, a nurse is supposed to develop this ability in some mysterious way, nobody knows exactly how. It is expected to blossom out in the nurse somewhere between the training school and the hospital she is to manage."

"When we have taught our nurses how to conduct classes, to arrange work for the pupils to the best advantage, how to give practical bedside demonstration, when we have given a rational, practical, normal training course, we will cease to hear so frequently that good institutional nurses are hard to find."

The aptitude of a nurse for institutional work cannot always be gauged early in her career. During the second and third year of her training, some surprising changes may have taken place in the standing of some of the pupils. Those who were rather doubtful quantities during the first year, have developed astonishingly; unsuspected capabilities have come to light and the pupil who a year ago was regarded as anything but promising, is waking up to her own possibilities and forging ahead of those who apparently were her superiors in the first place. Some who have done consistently good work, both theoretical and practical, from their entrance to the school, retain their positions in the class, while others who promised well in the beginning are almost imperceptibly slipping behind.

In the latter part of the second year, the pupil may begin her special work in the operating rooms, diet kitchen, obstetrical and gynaecological wards. These special courses

completed, she is ready to become the senior nurse in a ward, where under supervision she begins to learn something of what it means to be responsible for the work of others as well as her own. Here her point of view begins to change it is wonderful how quickly it shifts when certain responsibilities rest upon her shoulders, which formerly belonged to others.

Early in the third year's training, the nurses who possess the general qualifications for institutional work, such as earnestness of purpose, good education, pleasing personality, the faculty of "getting on" with others may be more closely observed and tried out. A sense of humor is also a most valuable asset, enabling its possessor to tide over many a situation with a smile, instead of expending her energies in a fit of anger which accomplishes nothing except exhausting the energies of the individual and creating a situation which may be fraught with very unpleasant consequences.

In spite of these qualifications, she may fail utterly when the responsibility of ruling others is placed upon her, because she shrinks from correcting those in her charge for duties neglected or improperly done, or, on the other hand, she too quickly assumes a dictatorial manner, which immediately disturbs the equable atmosphere, which should pervade the various departments of the hospital.

Failure in either one or the other direction is apt to discourage a pupil in attempting institutional work, and to avoid the criticism to which she has been subjected, she may decide that she is not fitted for such work and that private duty is a haven of rest compared with it. The pupils, then, who have during the time they have been in charge of a ward, show that they possess executive and constructive ability, enthusiasm, the temperament to welcome and assimilate new ideas, and who have expressed their desire to go on with institutional work, are selected for the special training.

The foundation upon which the training of our nurses for institutional work, as well as the uniformity of methods used throughout the hospital rests, is upon our head nurses' meetings. The establishment of these meetings was made necessary by the facts that graduate head nurses are employed on all but two of the wards of this hospital, as the following training schools were represented among them:

Lakeside Hospital, Cleveland, O.
Harper Hospital, Detroit, Mich.
Johns Hopkins Hospital.
Children's Hospital, Toronto.
Toronto General Hospital.
Phipps Institute for the Study of Tuberculosis,

the necessity for the adoption of uniform methods was obvious.

The meetings of the head nurses and officers of Training School are held throughout the school year from October to June. One evening a week is devoted to them. The officers and head nurses and those pupil nurses who are either in charge of wards or who are in preparation for institutional work, gather about a large table in the lecture room. Some slight formalities in conducting the meeting are observed, but the idea is to dispense with formality entirely and to have a gathering at which each member is encouraged and feels free to express herself on any matter, pertaining to the subject of nursing, or to bring up for discussion any problem or grievance which may be occupying her attention.

One or two meetings a month are devoted to the contents of the various nursing journals. This is a digression, but in our case these magazines are provided for the use of the school, by means of the Library Fund of the Training School, which owes its existence to the efforts of the nurses themselves. On two occasions fairs have been held in the Nurses' Residence for the purpose of providing funds for the purchase of books of reference, magazines or any special equipment required in the class room. The nurses have done the work themselves, but the hospital authorities have been extremely liberal in supplying them with materials with which to do it. About $500 was realized at the last fair, a sum sufficient to make many additions to the reference library and to supply magazines of various kinds in abundance.

Heavy cloth-bound covers with the name of the magazines and the school stamped on them are provided also. The magazines are laced into these covers and no one is permitted to take them from the reading room, except for the meetings. Each of the magazines has been assigned to one of the members who is expected to bring briefly before the meeting the most important articles or items of interest in it. This may be done by merely calling the attention of the meeting to a good article which will not bear condensation, giving a resume of others, and where the length of the article will permit, reading it in its entirety. Discussion may follow.

If some new method in nursing is recommended, one head nurse to whose work it seems especially adapted, may be asked to "try it out" and report on the desirability of adopting it in our ward work. This method may then be demonstrated at a later meeting and its rejection or adoption be decided upon. One magazine after another is gone over in this way, and although no very comprehensive knowledge of what is in any one of them is obtained, the interest of the other members has been sufficiently stimulated to

induce them to read the articles to which reference has been made. The pupils are, by these means, brought into touch with some of the larger problems of nursing, as some of the magazines have been assigned to them to review.

The next meeting may be devoted to the demonstration of practical methods of nursing. During the second season that these meetings were held in the school, a text book of nursing that had recently been issued was taken up, chapter by chapter. The first chapter on the "Qualifications of a Nurse," was simply read aloud and discussed. Points which the head nurse could emphasize in their jurisdiction over the pupils while on the wards were brought out impressively.

One of the house staff was asked to elucidate the chapter on "Bacteriology," which he did in the clinical laboratory. The chapters on "Nursing Methods" were assigned at the beginning of the season to the various head nurses. Each nurse was asked to demonstrate the methods described in the chapter assigned to her. For the date set, she selected two or more pupil nurses and trained them in these methods. The pupils were preferably drawn from among those, who were at the time in charge of wards and who were consequently present at the meetings.

As the class room is provided with a cupboard containing almost all the articles necessary for this work, both the practice and the final demonstrations were carried on there. When the evening arrived on which her demonstration was to be given, the head nurse had written on the blackboard the various methods which were to be illustrated. She announced the first subject to be taken up and the pupils proceeded to demonstrate it, closely following the instruction laid down in the book. The head nurse stood near and added a word of explanation, if necessary, as the demonstration proceeded. On-looking members made notes, and when the demonstration was completed, asked questions or made criticisms. Sometimes minor points were changed, again it was decided to adopt the method without alteration as the standard in our ward work, or the conclusion might be reached that it was no improvement over the method at present in vogue and that it was inadvisable to change.

In one season, through such demonstrations, a standard way of doing certain things was arrived at. Every head nurse had the opportunity of seeing how they were to be done and of giving the same instructions in routine matters to the pupils under her, that the other head nurses were giving, and, uniformity of method, as far as it is possible, and allow for the personal equation has been secured.

Now for the opportunity for the pupil nurse to obtain some experience in teaching. During the winter, when the work on the wards is extremely strenuous, and her own studies and examinations are monopolizing most of her time, the opportunity is hard to find; but when summer comes, examinations are over and the time is at hand.

The spring class of probationers has arrived and are under instruction. In some schools that are fortunate enough to possess one, the teaching is being done by the supervisor of probationers, who devotes her whole time to it; in others by the Superintendent of Nurses and her assistants. Why may the members of the graduating class not have a chance to show what they can do, in instructing the incoming probationers and what would be easier than to arrange for it somewhat as follows?

For instance, in anatomy—during the study hour, allow one of the senior nurses to preside, and assign to her the teaching of the lesson which the probationers are preparing under her guidance. She is expected to help them with their difficulties at this time. Within the next day or two she hears the recitation of the class and afterwards corrects the written answers to the questions, to which about fifteen minutes of the class period has been devoted. These papers are afterward submitted to the supervisor or to the principal.

Charting and bedside notes also afford an admirable opportunity for the pupil teacher. To one may be assigned the task of instructing the probationers in charting. She assembles all the paraphernalia, from model charts, mounted on stiff cardboard to preserve them, to the various inks, rulers, pens and pen wipers, that are needed for the class. From the first line ruled to the last entry made, she is responsible for the appearance of the temperature charts that the probationers are able to display as the result of their lessons. In the same way, another pupil nurse undertakes to teach the accepted form for keeping bedside notes. She teaches printing and the ordinary signs and abbreviations in vogue, and if after the usual number of lessons some of her pupils are not able to do creditable work, she gives them special instruction until their work is declared satisfactory or hopeless. A mild rivalry may be established between the pupil teachers as to whose efforts the best results are due.

In teaching by demonstration, a number of pupils can be made useful at the same time. For example: The chapter on counter irritants affords opportunity for a number of short demonstrations. Appoint two or three members of the senior or graduating class as demonstrators. Each nurse prepares the demonstration assigned to her to the minutest detail and some time previous to the class makes her trial exhibition before the Superintendent of Nurses or supervisor of probationers. If the class room is sufficiently large the different groups can be separated so as not to conflict with one another.

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To the first nurse has been assigned—Mustard leaves, plasters and poultices. To the second—Turpentine stupes, fomentations to the eye and breast, application of Tr. Iodine. To the third—Cupping, application of a cantharidal plaster. The class has prepared and recited on the chapter at a previous lesson, so that the pupils should be familiar with the theoretical part of it. Each nurse carries out her demonstration before the whole class. The class is then divided into groups, a group going to each pupil teacher, as many of the probationers as the time allows, then go through the demonstrations. If the time allowed is one and one-half hours, the groups interchange at the end of twenty minutes, so that at the end of the class period, each probationer has had an opportunity to do one or more of the things that have been illustrated and has seen them done several times, and the senior pupil nurse has been given some experience in teaching.

The nurse now having had experience as a pupil head nurse under a ward supervisor, senior nurse in both medical and surgical wards, and as head nurse of a ward, is taken into the office of the Principal of the Training School. From there she radiates, as it were, to the various departments during the time when the best experience and opportunities offer themselves there—that is to say—she holds herself in readiness to go anywhere she is sent, and does not have any specific duties assigned her for certain hours.

When she first enters the office she is initiated into the mysteries of typewriting by the clerical assistant. When she has learned to do this moderately well, she comes to the principal's office and takes letters from dictation, typewrites them, returning the finished letters for correction and signatures.

She learns the mechanical work in connection with the sending out of forms of application for admission to the Training School, and hears the discussion as to the acceptance and rejection of candidates.

She learns the system of keeping the records of the nurses' time on the wards, and is given the opportunity to work on the problem of changing the nurses from one ward to another.

She is also given the task of copying the marks given to the junior pupil nurses for their ward work. She is not allowed for obvious reasons to have access to the marks and remarks about the pupils of her own class, for although she is instructed that whatever information she obtains while at work in the office is confidential, it is not thought judicious to try her too far in the way of intrusting her with information that she may use unwisely in a moment of indiscretion.

In addition to the bookkeeping pertaining to the nurses' records and time, she also keeps the office linen book, which contains the inventories, taken every two months, of the bed linen on the wards, and the new and exchange linen given out, with the prices.

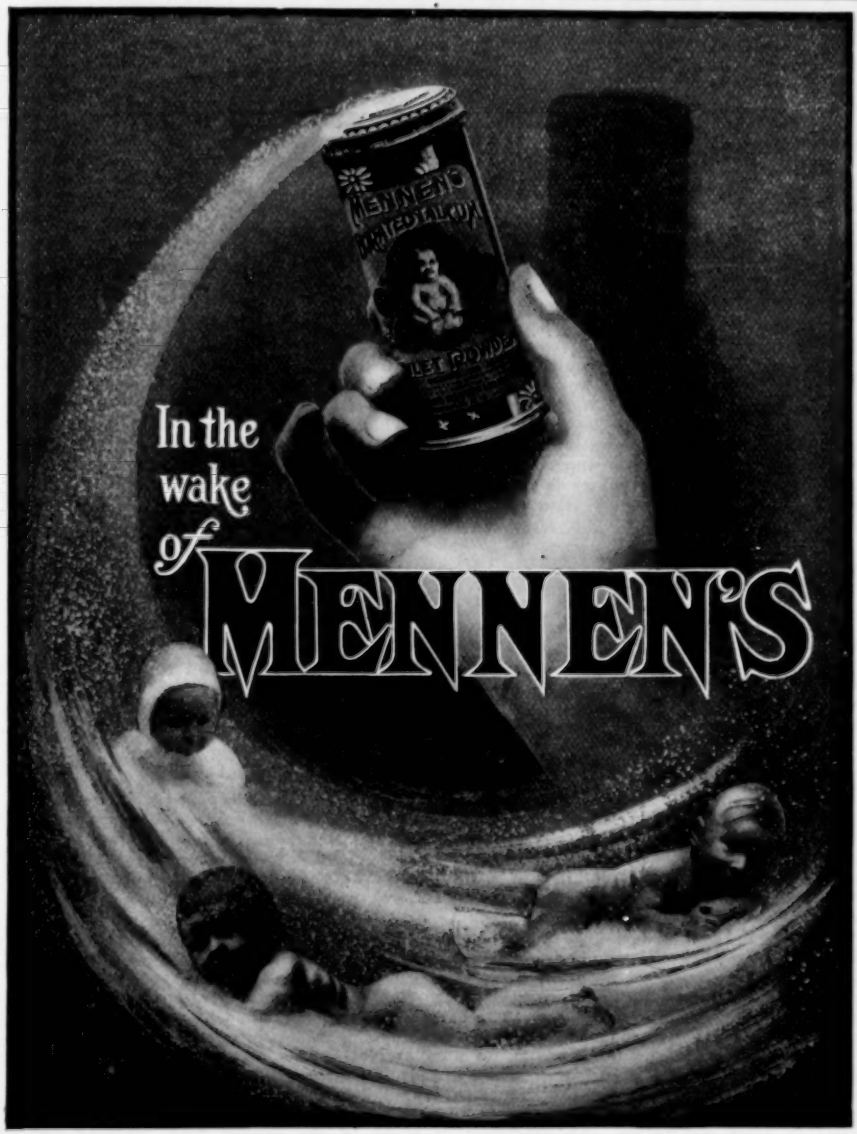
The nurses' and orderlies' time book is given to her into which to copy their "off duty" time. She is instructed how to make out the special nurses' records and their orders on the Treasurer.

She makes morning and afternoon rounds through the hospital with the principal or her assistant, and hears the reports of, and sees the patients, who are seriously ill, and those who have been operated on during the day. After she has been in the office for a few weeks, she goes on night duty with the Night Supervisor, in whose duties she is instructed, and under whose supervision she may be required to write out and give the report of the happenings during the night to the principal or her assistant.

After the busy morning hours in the telephone booth are over, a few hours' instruction from the telephone operator will teach her the way to operate the switch board, and as she is already familiar with the names of the doctors and patients, she is much more readily taught than a new operator to whom everything is strange and unintelligible. In the main business office she learns the form of admitting and discharging a patient, assists in keeping the daily records, the use of the filing cabinets, and under the instruction of the bookkeeper gains some idea of hospital bookkeeping.

In the steward's office she learns the handling of bills, invoices, etc., and gets some instruction in buying. As the steward's office is a glassed-in room overlooking the storeroom, butcher's department, main kitchen and diet kitchen, she is in a position to learn of the ordering and receipt of goods and their final disposal. Here she may supplement the instruction she received in the diet kitchen in food supplies and their prices, and there is no excuse for her not knowing the various cuts of beef and the uses to which they are best adapted as the process goes on daily before her eyes. We have made no effort to have the nurse work in the main kitchen during this period of instruction, as she has already had nine weeks in the diet kitchen, which is an annex of the main kitchen and has had a most practical and thorough course of training under the dietitian in assisting to prepare and serve all the meals for the private room patients, from fifty to sixty in number, as well as the special diets required for ward patients.

On the day when the ward requisitions are filled, she goes to the store room, where she assists in filling the requisitions from the neatly ordered and systematically arranged piles of goods. She learns how to check off the goods as the requisition is filled and makes out a shortage list if the stock does not contain the article asked for. Here again



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she is confronted with the prices of the articles and the amount (approximately) that it costs to run the ward for the week.

Some portion of her time may be spent with the housekeeper as she goes about her daily duties and with the supervisor of the residence in her daily inspection of the nurses' rooms and other parts of the residence. Not least of what she may learn here is the work in the pantry or kitchen of the Nurses' Residence, in helping to serve the nurses' meals, so that the nurses receive their food hot and on hot dishes when it is intended to be hot, and cold when it is so arranged.

The most simple of expedients will provide every nurse with the means of knowing how much the weekly supplies cost. A typewritten price list of all the articles that are commonly ordered for ward use is given to each head nurse, and as she makes out her requisition, she places the cost beside it. In other words, she makes out a bill at the same time that she makes out her order. The same thing can be done with groceries and drugs, the whole totalled for the week and the approximate per capita cost for these supplies arrived at. These can be gone over with the pupil nurses after the night report has been given and they are all at the head nurse's desk.

In regard to bed linen: The housekeeper, on the first of each month, brings to the nurse in charge, the small linen requisition book, in which she writes her requisition for any new linen that she may require. These requisitions are approved by the Superintendent of Nurses and returned to the housekeeper, who adds a complete list of all the exchange linen issued to the wards, and adds the price of each article issued, both new and exchange. These lists, the nurse copies into her large linen book, so that at the end of each month she knows what her linen has cost. At the beginning of the fiscal year, an inventory of all the linen on the ward is taken and the cost of each article is entered opposite. The inventory is taken every two months during the year, and at the beginning of the next fiscal year, a statement is made of the value of the linen on the ward as for example:

Value of linen October, '08	$320.75
Cost of new linen	68.69
Total value of linen	$389.44
Value of linen October, '09	364.32
Value of linen lost during year	$ 25.12
Value of exchange linen	$ 89.72
Value of new linen	68.69
Total value of linen supplied to wards during year	$158.41

This method is illustrated in our book of hospital forms. It has occasionally been our custom to write up these linen books at a head nurses' meeting, when comparisons between the different wards can be instituted among the nurses. A complete record of all the ward linen books is kept in the Superintendent of Nurses' office, and the pupil nurse who is in the office is detailed to write it up. There she gets her knowledge of the amount of linen required to supply a ward, its cost and the leakage or loss, which it seems must inevitably occur.

Training in the Laundry.—The pupil is given Miss Clara Noyes' excellent article on "Hospital Laundries," a catalogue of laundry furniture, which enables her to recognize the different machines, as a preliminary, then she is sent to the laundry. On several successive days she watches the progress of the clothes, through the various processes of sorting, washing, rinsing and bluing. The careful packing and unpacking of the extractors to dry the clothes, in some cases, the use of the dyeing frames in others, the preparation of the flat linen for the mangle and its final arrival in the sorting room, where she assists in its distribution, and in inspecting and sending to the mending room, the articles in need of repairs. The different processes through which the starched and woollen clothes go, is explained to her by the head laundress, as she watches, and in some cases assists in their restoration. An afternoon is spent in the sewing room learning the various methods of marking by indelible ink, woven labels and red marking cotton. If she has any knowledge of a sewing machine, a single lesson will teach her how with it, extremely formidable holes can be darned neatly and expeditiously.

When linen exchange day arrives, she goes to assist the housekeeper and sees the system of replacing the old articles with new, from the opening of the bundle of worn out articles to the delivery of the new goods on the wards. She is at liberty to make duplicates of the various patterns for hospital appliances, that are made in the sewing room, besides numerous ones that are provided for her use in the class room pattern box, such as nightingales, bed socks, children's garments, hoods, restraints, a baby's layette, etc.

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The care of the different grades of blankets has been taught her on the ward. She has learned the deep iniquity of sending certain blankets to the laundry when formalin fumigation or dry cleaning is to be their fate, and the horrors attending the boiling of a baby's flannel garment have been exhibited to her shocked gaze. We have also a collection of samples of blankets that have been through the storm and stress of hospital use and their manner of surviving, as an object lesson to would-be buyers of blankets. Here they see the ultimate fate of the coverings, where the only wool in it was in the stripes and these have shrunken out of all proportion to the rest, so that delightfully frilly ends that refuse to be straightened out are the result. The lesson to be learned from this collection is that in buying blankets, select the kind that have best withstood the conditions of actual use in a hospital, and do not be mislead by the deceptive appearance of a blanket which looks extremely well when new, but whose changed aspect after an encounter with the laundry, may be little short of appalling.

Another collection also of table linen may be made, illustrating the combination of linen and cotton, which fair to the eye at first, assumes the most curious hills and hummacks after laundrying. The "before and after" samples are very illuminating, and, to some extent, may serve to point the way to the expectant purchaser, but, after all, nothing seems to teach except to go through the actual experience of the chagrin, attendant on seeing some supposedly well chosen textile, a dismal failure under use.

If the hospital has a standard grade of blankets, towelling, table linen, etc., which are satisfactory; good and well, the information as to where these articles may be obtained and the probable price may be given to the pupils, otherwise her attention can be directed to the deficiencies or good qualities of the various materials as they pass through the housekeeper's hands during exchange.

For some time we have been looking for the opportunity to teach some of the nurses how to give anaesthetics, and this "detached" nurse who is available at any time, made the matter easy.

The anaesthetist, who has been asked to undertake the instruction of the nurse, first supplies her with copious notes on the subject, with which she makes herself familiar before taking her first lesson. She is gradually initiated into the actual work of administering an anaesthetic and the throat and nose clinic with its ten to fifteen operations for adenoids in a morning, provides the necessary opportunity for her to exercise her powers.

The principles of hospital government, aside from her own knowledge of it obtained by daily contact with its outward and visible forms for three years, can be outlined in one or two lectures to the whole school. These the Superintendent of the Hospital may be asked to deliver at the beginning of the school year. These lectures also embodied some very emphatic instructions as to the care and use of hospital property by the nurse.

The idea of having the nurse who is receiving this special preparation for institutional work, a free hand or floater with no definite duties from day to day, is that when the opportunity arrives she is available or not so urgently engaged, but that she can leave, should something special present itself. It also makes her more flexible and as she is called upon to enter upon new experiences, very often she gains a certain adaptability and loses that frightened attitude of "I'm sure I can't do that," that is so characteristic of one accustomed to a familiar routine.

The plan I advocate entails no special curriculum, is extremely elastic, is to some extent at least available in every hospital, as it simply gives the opportunity to the nurse to do and to learn by doing the work that is going on about her. This process does not by any means make her an expert in any one of the departments in which she has worked, but to a woman of intelligence, which the nurse whom we expect to qualify for institution work should be, it gives her a ground work to build upon and takes away the terrifying feeling of absolute ignorance when approaching new conditions.

The fact must not be lost sight of that these various experiences that are so earnestly planned for the pupil nurses to increase their general efficiency, have no particular value in their eyes while they are still pupil nurses. They simply take their places beside the other things they have learned. They have not and cannot, as long as they are pupil nurses, feel that sense of responsibility that comes when they have only themselves to depend upon; when things must be done and other people are looking with expectant eyes for them to manage and bring to a successful issue, what seems at first to be a perfectly hopeless situation, then their true value becomes evident, but not before.

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Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street.

Lectures—From November nutil May, inclusive, in the Medico-Chrurgical Society's Rooms, the first Tuesday in the month at 8 p.m.

Committee Meeting—The first Monday of each month at 3.30 p.m. in the Lindsay Bldg.

The last lecture for the season was to have been delivered by Miss Derrick, on "Heredity and Environment," but much to the disappointment of all it had to be, we hope only, postponed. All were anxiously looking forward to that evening as anyone who has ever listened to Miss Derrick would be eager to hear her again, and it is hoped we will have the pleasure of publishing her name on our list of lectures for the next season.

The Executive met on June 7th to transact any business. There were five candidates from various training schools present.

Miss Bullock has gone to spend a few weeks in Cambridge, Mass., with friends.

Miss Carlton has gone to take up work in New York.

Miss DesBrisay, of Boston, is staying with her sister, Miss Helen DesBrisay, en route for Nelson, B.C.

Miss F. Andrews, M.G.H., was married to Mr. J. A. Douglas on June 8th in St. Luke's Church, Winnipeg.

We would like to extend our sincere sympathy to Miss Nelson in her sad bereavement, and we are glad to welcome her back again amongst us.

It is with deep regret we have to record the death of Mrs. H. Ross, nee Miss Lulu Leger, a graduate of the R. V. H. and for many years a member of the C. N. A.

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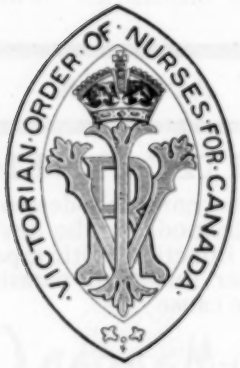

HAMILTON.

The year 1909 was a very busy one, and eventful also, in the progressive work of the Order here, it having taken up an additional duty, in the cause of humanity, viz.: that of the "Clean Milk" Scheme.

To get assistance from the City Council, an application was made to the Finance Committee, but as their appropriation was then about exhausted, they were only able to make a grant of $100 to the V. O. N. to help the "Clean Milk" undertaking.

Finally the Bank of Hamilton kindly and promptly loaned to our Board of Management the sum of $700 at 4 per cent. interest.

In July, but regrettably later in the season than expected, owing to unavoidable delays, the milk distribution by the V. O. N. began in a room of the Hamilton Butter Market, James Street, where one of the nurses, with an assistant, for some hours on every week-day and Sunday gave out the milk to applicants in accordance with the Certified Formulae of the several physicians for their patients' needs, and, in addition, the nurse weighed the babies, keeping memoranda of their weight, and also instructed the mothers as to the giving of the nourishment, water-drinking, bathing, proper clothing, hours of sleeping, etc.

At the start of the enterprise in July, the quantity of milk sent out was 41 bottles daily, and the supply increased to 850 bottles a day during the season, which ended in September.

The statistics show that in spite of the late beginning of this work the death rate from cholera infantum in Hamilton was 30 per cent. lower than in 1908.

To the kind thought and generosity of the citizens of Hamilton the Organization of the V. O. N. continues its earnest appeal for sympathy and financial support.

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Tempering her gifts that seem so free
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But find her grace."

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President, House Committee,
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Superior—Mrs. Broughall (pro tem).

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

During my recent visit in Quebec the Quebec branch of the Guild, on three occasions, very kindly sent me invitations to their meetings, two of which I was enabled to accept and enjoy exceedingly.

The meetings, which were held in All Saints' Chapel in the Cathedral close, were very well attended. The Guild Office and hymns were very heartily joined in by all, Mrs. Williams, the Local Superior, presiding at the organ. The address on each occasion was very practical, bright and helpful and was very much appreciated by all the nurses.

The service over the Dean and Mrs. Williams conducted the nurses to their drawing room, where they were entertained with games and music, after which refreshments were served, and we took leave of our host and hostess, each one feeling refreshed, strengthened and encouraged to take up her burden with a grateful heart and faithfully to perform her every duty.

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Editorial

CONVENTION NUMBER.

At the request of the Canadian Society of Superintendents of Training Schools for Nurses we have great pleasure in publishing this Convention Number, which will be found one of marked importance and evident progress. This necessitates omitting all our departments this month. Among the many features of special interest at these meetings none surpassed the actual presence of nurses from the Maritime Provinces, from Quebec and from Winnipeg and the West. Miss Malony, of Jeffrey Hale; Miss Hersey, of the Royal Victoria; Miss Wilson, of Winnipeg; Miss Scott, of Calgary, and Miss Blakely, of Yorkton—each one of these valued members added strength and pleasure to every session. It was a matter of much regret to the rank and file that the West does not seem adequately represented officially among the new officers for 1910-1911. But this will soon be set right. One meeting will ere long be held out of Ontario. It is due in Winnipeg in 1914. Remember the date. Nineteen-fourteen is the date when the World's Fair will come to Winnipeg and the nurses will be there to see it. The Society is fortunate in having this ahead. You will like Winnipeg—you could not help it.

THE CANADIAN NURSE FUND.

Subscriptions to "The Canadian Nurse" Fund have only reached fourteen dollars. A $5.00. The Editorial Board hope every nurse in Canada will interest herself in this fund five dollars. The Editorial hope every nurse in Canada will interest herself in this fund by not only contributing herself, but by getting her friends to contribute. "The Canadian Nurse" is our national journal, let it not plead in vain for your support. Contributions may be sent to Miss Bella Crosby, 78 College Street, Toronto. The sum of one thousand dollars, it is hoped, will be contributed, so that all nurses may own so much stock in the magazine.

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To the President of the Alumnae Association of the R. V. H., Montreal:

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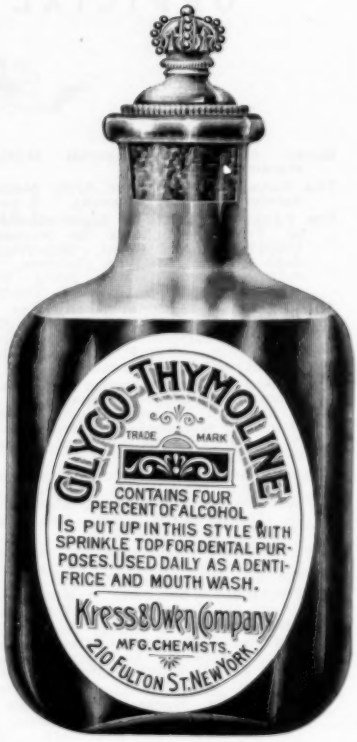
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